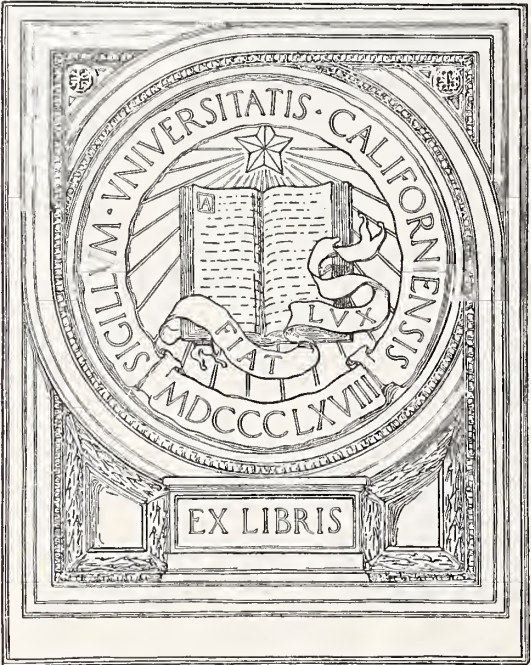
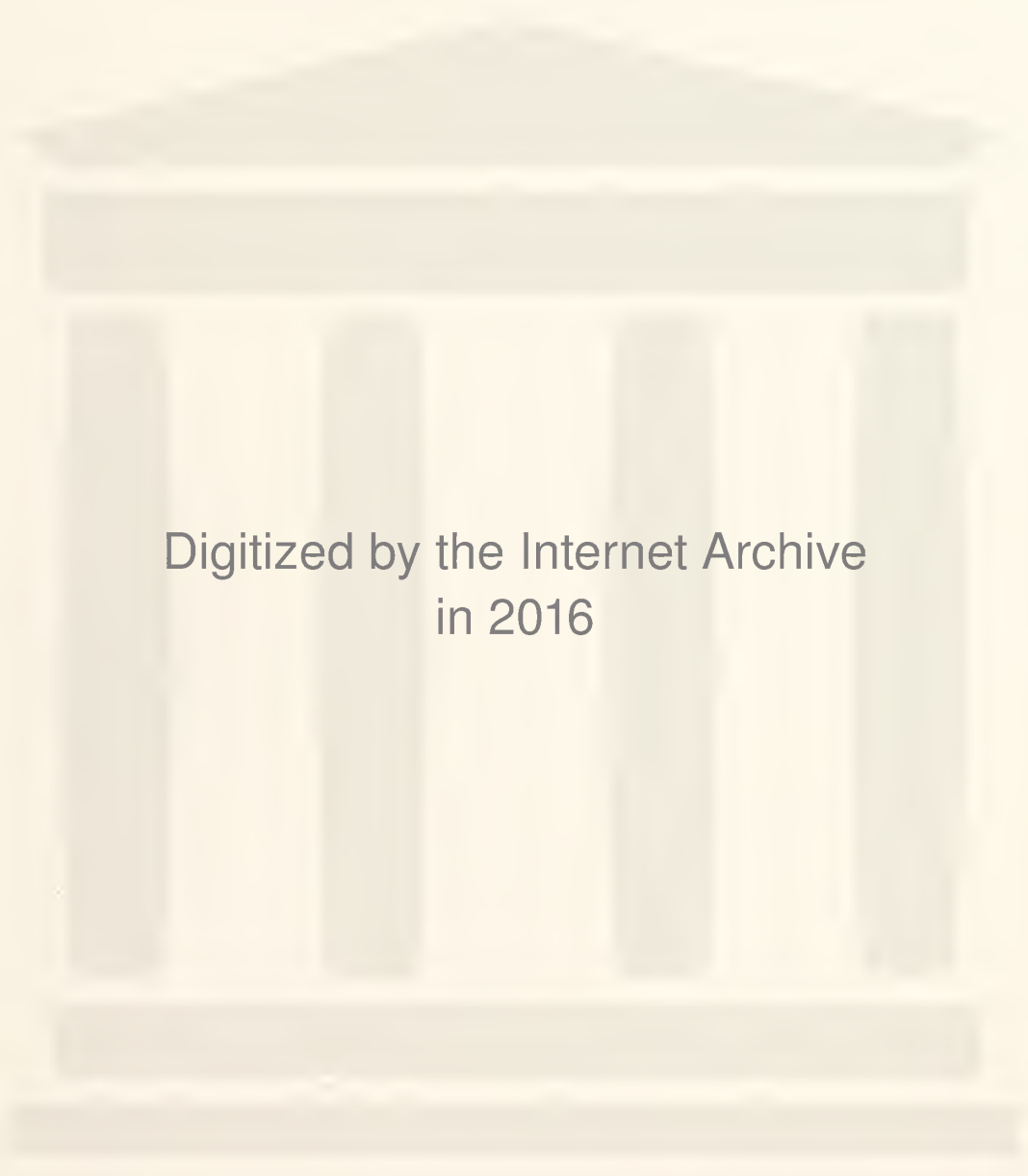


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1. Davidson, D. T., Jr.; Lombroso, C., & Markham, C. H.: *New England J. Med.* 253:173, 1955.
2. Zimmerman, F. T.: *New York J. Med.* 55:2338, 1955.



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Communications dealing with editorial matters should be sent to Frank B. Ramsey, M.D., Editor, 201 Hume Mansur Building, Indianapolis 4, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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3.	Wm. H. Robinson, M.D., Mitchell.....	Joseph C. Dusard, M.D., Bedford.....	Bedford, May 15, 1957
4.	Winship C. Callaghan, M.D., Greensburg.....	Robert A. Porter, Westport.....	Greensburg, 1957
5.	C. M. Schauwecker, M.D., Greencastle.....	James B. Johnson, M.D., Greencastle.....	
6.	Frank H. Green, M.D., Rushville.....	J. Frank Lewis, M.D., Liberty.....	Brookville, 1957
7.	Joseph F. Ferrara, M.D., Franklin.....	Arthur W. Records, M.D., Franklin.....	
8.	F. W. McDowell, M.D., Muncie.....	Clyde G. Botkin, M.D., Muncie.....	Muncie, 1957
9.	J. A. Van Kirk, M.D., Frankfort.....	Dan Tucker Miller, M.D., Fowler.....	Fowler, May 23, 1957
10.	H. M. Baitinger, M.D., Gary.....	S. J. Brady, M.D., Gary.....	Whiting, Sept. 12, 1956
11.	T. W. Omstead, M.D., Huntington.....	Charles L. Wise, M.D., Camden.....	
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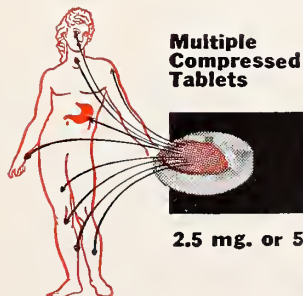
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ALL THE BENEFITS OF THE "PREDNI-STERIODS" PLUS POSITIVE ANTACID ACTION TO MINIMIZE GASTRIC DISTRESS

The Fourth Estate Looks At Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

FOR A LONGER LIFE

An American child born today can expect to live nine years longer than one born in 1937—to nearly the age of 70. About 2,000 years ago, men lived to be only about 20 or 30 years of age, and even as late as 1900 the life expectancy was only about 50.

Today, out of 10,000 persons only 92 can be expected to die in the next year. In 1937 the figure was 113; in 1900, 172.

The lengthening lives of Americans can be credited in large part to the great advances that have been made in medical research in recent years. For example, since 1944, deaths from influenza have decreased 91 per cent, from appendicitis 76 per cent and from pneumonia 43 per cent. This striking decline has been largely due to the discovery of various antibiotics and other new drugs.

It is appropriate to call attention to the role that medical science has played in bringing the American people longer, more useful lives as members of the American Medical Association convene here today. Chicago this week becomes the medical capital of the world.

The medical profession has done its share in helping make America strong and prosperous, for the health of a people is directly related to their productivity and their consequent wealth.

An interesting report on the success of medical research in helping prolong American lives during the past 15 years has been issued by the National Health Education Committee. Chairman of the committee is Mrs. Albert D. Lasker, widow of the late former Chicago advertising man and philanthropist.

The report points out that more than 1,240,000 Americans are alive today who would be dead if

the death rate of 1944 still prevailed. That is almost the total population of North and South Dakota. These people paid into the federal Treasury in taxes an estimated average of \$277,000,000 in 1954 alone. Mrs. Lasker's committee makes this point because this is about six times as much as the federal government spent that year through the U. S. Public Health Service to finance medical research.

Last year, Congress voted a fraction over \$82,000,000 for five institutes of the U. S. Public Health Service—the National Heart, Cancer, Mental Health, Arthritis and Metabolic Diseases, and the Neurological Diseases and Blindness Institutes. This amount wouldn't even pay for one aircraft carrier. It's less than the American people spend in one year for shampoos (\$116,000,000). This year the advisory councils of these five national Institutes of Health have recommended an increase to \$137,000,000.

The question might be raised whether the problem can't be handled entirely by voluntary agencies. The American Heart Association, the American Cancer Society and nine other similar voluntary groups were able to allocate less than \$14,000,000 for research in 1954. This is only one-tenth the amount recommended by the National Institutes.

It should certainly be worth about 75 cents per U. S. inhabitant to defend America against heart disease, cancer, mental illness, and other killers and cripples by stepping up research efforts. We spend billions for defense against foreign enemies—why not millions for defense against the enemies that lurk in our very homes?

Like the defense against a foreign enemy, the defense against disease is a major responsibility of the entire nation and requires the gigantic effort that only the entire people can make.

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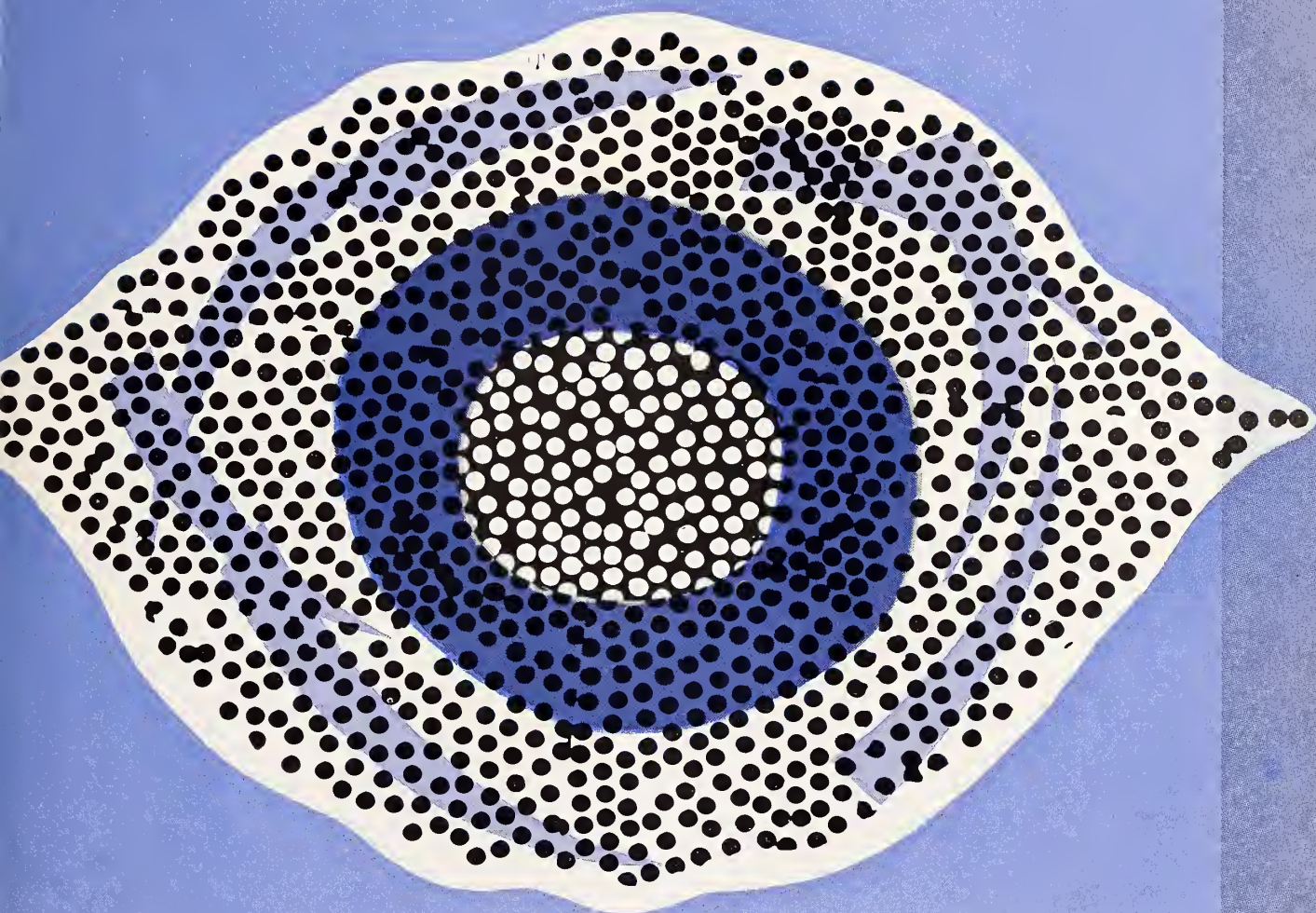
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C. — Before the end of the year hundreds of thousands of dependents of military personnel, living in all parts of the country, should be receiving their medical care from private physicians and in private hospitals under the new program authorized this year by Congress. While Defense Department has not yet completed regulations to implement the act, the law itself lays down the basic principles governing the program.

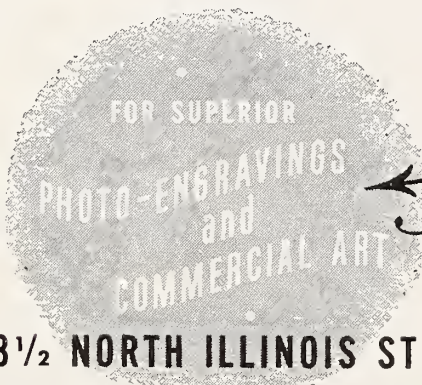
The House Armed Services Committee first attempted to decide on a system or systems for furnishing private care, through Blue Cross, Blue Shield, arrangements with state medical societies, commercial insurance or "home town care," such as Veterans Administration successfully employs. But the committee gave up on the problem, and Congress finally tossed it to the Secretary of Defense by stating in the bill that he shall "... after consultation with the Secretary of Health, Education, and Welfare . . . contract for medical care for such persons . . . under such insurance, medical service or health plan or plans as he deems appropriate." A Defense Department task force now is attempting to decide how to work out the contracts.

Although several groups of dependents will be entitled to medical care, only wives (or husbands) and children of men on active duty will be certified for civilian care. The others will be admitted to military medical facilities on "availability of space" basis. While generally spouses and children of active duty personnel will have a choice of private or military care, there is this limitation: The Secretary of Defense may designate certain areas where private care will not be authorized, if in his opinion those areas have military facilities adequate to care for the service families.

Dependents will be required to pay the following charges: For care in military facilities, subsistence and "in-hospital" charges (set by Secretary of Defense and currently \$1.75 per day); for private care, the same fees or the first \$25, whichever is the larger.

WHAT IS PROVIDED

The time limit on private care is 12 months, but if hospitalization still is required after this period the dependent will be protected. In this case the Defense Department will transfer the



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dependent to a military facility or will make direct payment to a private hospital.

Although regulations will spell out limitations and authorizations in more detail, the law makes the following provisions:

Care in military facilities to include: 1. Diagnosis, treatment of acute medical and surgical conditions, treatment of "contagious diseases," immunization and maternity and infant care. 2. Hospitalization for nervous and mental disorders, chronic diseases or elective medical and surgical treatments *but only in "special and unusual cases"* and for not more than 12 months. This would be provided at the discretion of the Secretary of Defense. Dental care not authorized except in unusual cases, while abroad or at remote stations in the U. S.

Private care will include: 1. Hospitalization in semi-private accommodations up to one year for each admission, including all necessary services and supplies furnished by hospital. 2. Medical and surgical care incident to hospitalization. 3. Complete obstetrical and maternity service, including prenatal and postnatal care. 4. Physi-

cian or surgeon's services prior to and following hospitalization for bodily injury or surgery.

Under the private care program, some services may be furnished outside the hospital, such as surgery in a doctor's office, X-rays or laboratory tests, "but not what is normally conceived to be out-patient care." If experience shows they can be afforded, additional services may be authorized, but whatever the scope of private care, it cannot exceed that furnished in military facilities. Out-patient care will be furnished by military facilities, but "uniform minimal" charges may be imposed as a restraint on excessive demands.

NOTES:

Federal appropriations for medical research are at an all-time record, explained in part by Senate approval of a 48% increase over last year's funds.

Dr. Lowell T. Coggeshall, special assistant to HEW Secretary Folsom, believes some "wise changes" should be made in medical economics **to facilitate payment** for the "spectacular" new medical services. He expressed his views in addressing a group at the University of Pennsylvania Medical School.

Russia and eight satellites, out of active participation in World Health Organization for more than six years, now are back in; they agreed to pay 5% of past-due assessments over a 10-year period.

The **highway program** contains a provision for a one-year study of traffic safety, a problem in which the American Medical Association has been actively interested for years.

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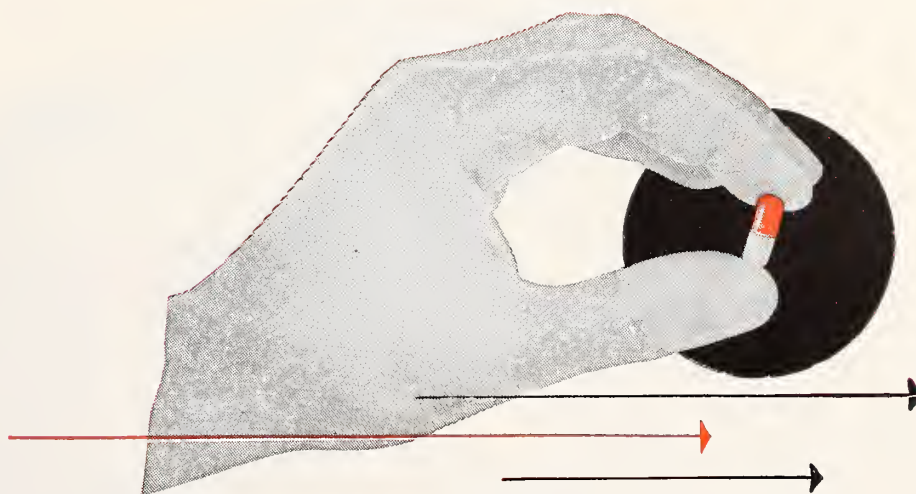
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AGAINST SPECIFIC

ORGANISMS (*staphylococci and proteus*)

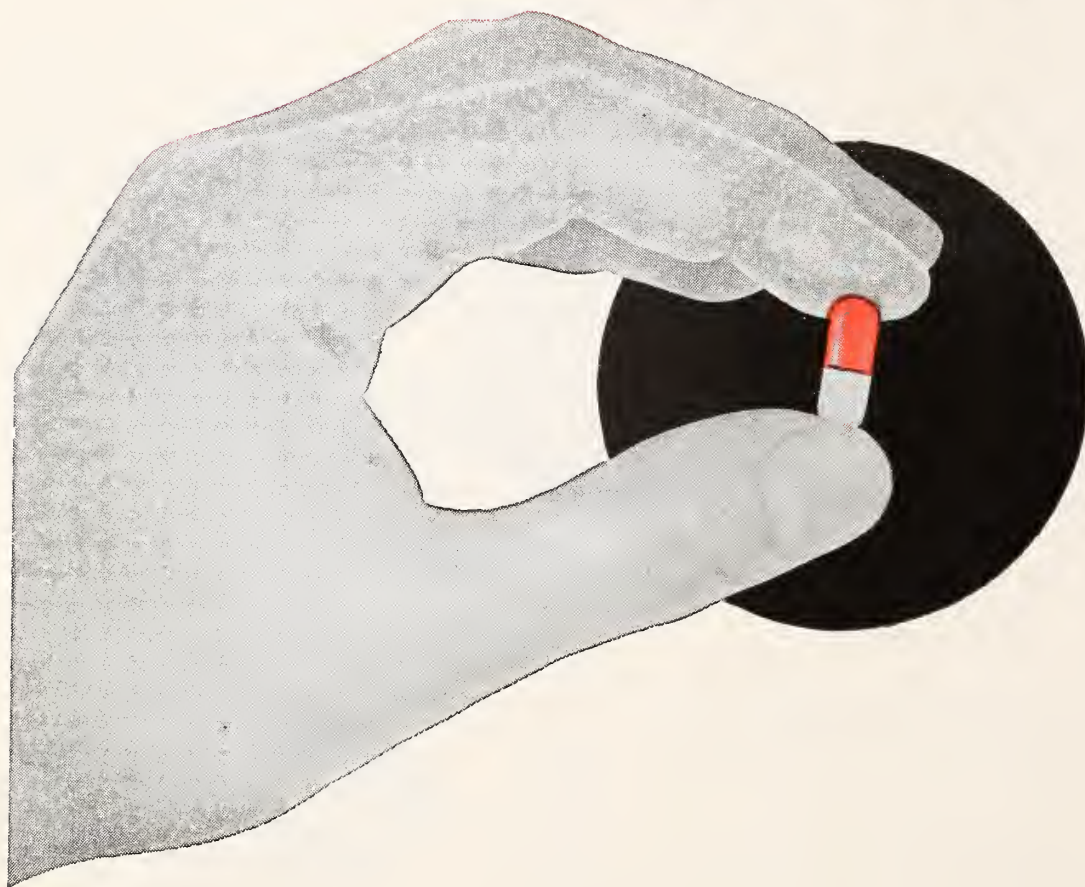
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BYRON EMSWILLER

Indianapolis

FOR PRACTICAL PURPOSES the words "autopsy" and "post mortem" are used interchangeably — although they are not exactly the same, as their derivation indicates. The word "autopsy" is a combination of two Greek words, of which one means "self" and the other means "see." It means seeing with one's own eyes. And when that definition is transferred to medicine it means the dissection, to some degree, of a dead body for the purpose of ascertaining the cause, seat or nature of the disease, or other thing, which brought about death. "Post mortem" is a combination of two Latin words—"post" meaning "after," and "mortem" meaning death. So in the strict grammatical sense, "post mortem" is an adjective, and "autopsy" is a noun. But in medicine "post mortem" has come to mean a post mortem examination, and is used as a noun.

The law pertaining to dead bodies is of ancient

origin and deeply involved in sentiments, emotions, religious rites and taboos—all of which have influenced its development.

Nothing would seem to be more thoroughly one's own than his body. And applying the law that pertains to any other possession one has, it would seem logical that there would be nothing which one would have a more complete right to dispose of in accordance with his own uncontrolled wishes than his body. He may dispose of his other property by a will that does not take effect until his death; or he may sell other property, retaining his life interest under terms requiring the delivery of the other property after his death—all without any limitation so long as it is done for lawful purposes. But he cannot dispose of his body by will or sale with any certainty that the will or the contract of sale will be carried out, for the reason that the law does not recognize the right of property in the

dead body of a human being, while it does recognize the right of burial, or as the old law books say, "the right of sepulture."

WHO HAS BURIAL RIGHT?

The general rule is that the surviving spouse, or the next of kin if there is no spouse, has the right of burial. This rule yields to the demands of justice. The right is regarded as in the nature of a sacred trust which carries with it a duty to dispose of the body in a manner that has in it some element at least of a manifestation of respect and esteem for the departed. So it has been held that where there has been a separation even without divorce, the surviving spouse loses the right of sepulture, and that right may then pass to the next of kin of the deceased. Likewise, where a man dies leaving a widow and an only child by his deceased former wife, it was held that the claim of the son of the right of burial was to be preferred. So the basis of the determination by the courts as to who has the right of burial seems to be upon the consideration of the question as to what person, under the circumstances in the case, lived on terms of the greatest mutual affection and intimacy with the deceased. This general principle has been carried to the point of permitting one who has lived with the deceased on terms of friendly intimacy and helpfulness, where the members of the family did not, to have a right of burial superior to the right of a kinsman.

But suppose there is no spouse surviving, that the deceased has left no directions for the disposition of his body, and that there are several who fall into the class of next of kin or who otherwise have equal rights of burial. Then how is the question to be determined? If there can be no reconciliation of conflicting desires regarding the disposition of the body, the question can be taken to court, where the court will hear the evidence and decide what he thinks would be the just thing to do—or at least the most nearly just that he can reach, for he must decide it one way or another, and cannot refuse to decide because of the difficulty of determining where the preponderance of the evidence is as to what would be just.

If the right of burial goes to the next of kin, then the question may arise, Who is, or are, the next of kin? The degree of kinship of A to B is ascertained by tracing the lineage from A through each generation until the ancestor who

is common to both A and B is reached, then coming down the lineage from the common ancestor to B. All who are in the same class with B as his brothers and sisters are of the same relationship to A. From this it follows that the closest relationship is between parents and children; next, between brothers and sisters; next, between nephews and nieces and uncles and aunts—and so on.

With the right of burial going to the next of kin, there are many instances where there are several who have that right. No one in the same class has a superior right over any of the others, in the absence of special circumstances. It may be difficult to get a permission for an autopsy from all of several next of kin. But the courts have generally recognized that where several have a common right the majority holding that right can control the manner of its exercise. Thus a majority consenting to an autopsy would no doubt be sufficient to protect a physician against any action for performing it without proper consent. Or if some one or more out of several who were in the same class of next of kin assumed to speak for all of them and represented that he or they did so, and if they were generally occupying a place where they seemed to be in charge of the burial, their consent for themselves and the others in the same class would be regarded as binding upon all in the class, since they could be regarded as the agents of the others. Under these circumstances the consent should show that those who signed the consent signed for themselves and all others having any interest in the right of burial.

In view of the fact that the disposition of a dead body requires prompt action, the law has regarded the failure to promptly assert rights to the body needing burial constitutes a waiver of the right. Once it has been waived, the party waiving it has no further right of burial and could not maintain an action for a wrongful autopsy.

There have been very few cases in which physicians have been sued for wrongful autopsies. Such actions have generally been against those who employed the physicians or who were alleged to have given consent wrongfully.

SUGGESTIONS FOR PROCEDURE

The public realizes that the embalming of the body requires extensive changes in it—in many instances more extensive than the autopsies per-

formed. So the danger of physicians incurring liability for performing autopsies is rather remote. It need not be a source of anxiety if the autopsy is properly performed so that the funeral services may be conducted in the usual manner, and if reasonable procedures for obtaining consent are followed. And this would be true even if some one member in the class of next of kin had not given consent, but others had assumed to act for him. The measure of the damages sustained by the spouse or next of kin from a wrongful autopsy could not be large under any conceivable circumstances, since the dead body must be disposed of in some way anyhow, and of course is expected to be dissolved into its original elements within a short time no matter how it is cared for.

This right to bury and to preserve the body for the burial ritual, including the funeral, is recognized and protected by the law as a quasi-property right—that is, as a right as if it were a property right. This quasi-property right generally belongs to the surviving spouse, or, if there is none, to the next of kin, although the right may be limited by the expressed wish of the deceased regarding the disposition to be made of his remains. But the courts do not enforce the expressed wishes of the deceased regarding the disposition of his remains where such wishes would require a shocking disregard of the customs and practices generally followed in the country where the person died. That is to say, the courts will not disregard the sentiments and feelings of the spouse or next of kin by enforcing some direction of the deceased for the disposition of his remains which would constitute a real insult to the personality of those having the right of burial. But autopsies having become rather common and accepted events in connection with death, the courts certainly would enforce a provision in a will for an autopsy.

The right of burial has been held to be the right to bury the entire body in the condition in which death left it, except for such alterations as are properly authorized. An action for damages may be maintained for the unauthorized mutilation of a dead body.

In Indiana in the case of *Aetna Life Ins. Co. v. Burton*, 104 Ind. App. 576, 12 N.E. (2d) 360, a verdict for \$2,500.00 against an insurance company was sustained in a case where the jury found that an autopsy had been performed with-

out proper authorization, by surgeons who had been employed by the insurance company. The action was not brought against the surgeons.

The interests of the public of course rise above the interests or desires of the individual; and therefore the disposition of dead bodies must be carried out in such a manner as to protect the public against the possibilities of the spread of disease. Lawful rules and regulations for the accomplishment of that result must be followed by the people having the right of sepulture.

WRITTEN PERMIT ESSENTIAL

Permission to perform an autopsy may be given by the one having the right of sepulture; or if the public interest requires it, the permission may be obtained from public officials; or it may be obtained through the permission expressly granted by the deceased. From whatever source the permission is obtained it should be in writing, signed by the one having authority and power to grant a valid permission. And it is well to have the signature attested by witnesses, and to have witnesses available who could testify as to the fair and honest manner by which the permission was obtained. The permission itself should be sufficiently extensive to allow for the removal of tissues, organs or other parts of the body which might be wanted for more extensive research, and which it might not be convenient or desirable to have replaced for burial or other disposition with the rest of the body.

Autopsies may be required by employers or their compensation insurance carriers as a condition for the payment of compensation for a death covered by the compensation law. One having the right to compensation for the death may also have the right of burial, and may refuse permission for an autopsy even if that results in the loss of compensation. So autopsies in connection with deaths occurring in the course of employment are also to be performed only upon the permission of those having the right of burial. If there is a conflict of claims regarding who has the right of burial, the conflict should be settled by the court rather than by the physician.

Dissection performed on unclaimed bodies which come to medical schools through the Anatomical Board may be performed without special permit signed by anyone. As to such bodies

there is no one available to take charge of their disposition through the assertion of the right of sepulture, and the law provides the manner in which these bodies finally reach the ones to whom the Anatomical Board may allocate them. The law makes them available for teaching and research work in medical schools.

THE CORONER'S CASE

The coroner may authorize and employ "a physician skilled in pathology" to perform an autopsy in a proper coroner's case. But questions may arise as to when a case becomes a proper coroner's case. The coroner cannot take over merely because the cause of death is unknown. The case is one for the coroner only when he has been notified "that the dead body of any person, supposed to have come to his death by violence or casualty, is within his county." Upon that notice it is his duty to inquire "upon view of the body, how and in what manner he came to his death."

"By violence or casualty" means through some violent or unnatural cause. "Violence" means forcible action or conduct which is not spontaneous or natural and does not arise from natural causes. "Casualty" means an event which occurs without intention as the result of an accident.

So the coroner has jurisdiction generally where crimes and accidents are supposed to be involved, and death is not supposed to have resulted from natural causes spontaneously originating within the body itself. He does not have jurisdiction if there is no basis upon which to suppose that the death came by violence or casualty, no matter how much of mystery may surround the cause.

The general principles regarding the right of the coroner to order autopsies are not difficult to state. But their specific applications have presented such difficult problems that the courts have frequently had to call attention to the fact that each case must stand more or less alone, since the facts of each case are rarely, if ever, duplicated in another case.

When can it be reasonably supposed that a death resulted from violence or casualty? Death by intentional poisoning is by violence; but from accidental poisoning it is a death by casualty. Either makes a coroner's case. But the question may arise as to whether the death was from a natural kidney disease or was associated

with mercury poisoning. The death may have appeared innocent enough on the basis of the clinical diagnosis of the physician. But circumstances discovered later may even warrant exhumation of the body, and then the toxicologist may find lethal amounts of poison in the organs.

The difficulty of being certain that a death was from natural causes has impelled the courts to a generous construction of the acts of the coroner, and it requires a flagrant abuse of discretion for the law to interfere with his procedures. It is not necessary to have absolute proof of either violence or casualty to make a coroner's case. It is his case if the death is only supposed to be a violent or accidental one. So when the coroner takes the case and institutes an inquiry into the cause of death, the physician who accepts employment to perform an autopsy is not taking a chance if, as a physician, he acts in good faith.

CODE DRAFTED

With autopsies taking such an important place in the advancement of medical science, the public is becoming more and more willing to have autopsies performed in their families. Yet there is still much to be done to break down reluctance to give permission for it; and this is a field in which the medical profession is making genuine headway by working in friendly association and cooperation with funeral directors, hospitals and coroners. Recently a draft for a code for autopsy procedure has been drawn up from which it is confidently expected a final form will take shape for approval and adoption by the State Medical Association, the State Hospital Association, the State Association of Clinical Pathologists, the State Funeral Directors Association, and the State Coroners Association.

The purpose of the code is to set out a clear and practical outline of procedure to follow, so that autopsies may be performed expeditiously and without interfering with embalming and funeral arrangements; and so that embalming on the other hand may not be done with such haste as to interfere with the performance of the autopsy. The members of the various groups who are interested and have responsibilities in handling dead bodies should read and familiarize themselves with this code as soon as it is available.

As the possibility of transplanting parts of the human body from one person to another devel-

ops, the law regarding the extent to which one can direct the disposition of his own body at death grows more important. The generous purpose of giving one's own body after his death for the source of parts to be used in making whole the impaired or defective body of some member of his family, or even of a stranger, is bound to appeal to increasing numbers of people, as advancement in this field is made and the public learns of it. This will lead to an increasing number of wills bequeathing corneas, blood vessels, or even the whole body so that whatever

of it can be transplanted may be had immediately, or, if it is possible, may be banked for future use. And this will certainly enlarge the power of one to make a lawful disposition of his own body—maybe even to the point of being able to sell it.

In the meantime, physicians should continue to obtain permits for autopsies from those having the right of burial, except where proper authorization is obtained through the office of the coroner or an order of the court, or where the body is obtained from the Anatomical Board.

SUGGESTED FORM

To effectuate the ideas in this article, it is suggested that the consent be in substantially the following form:

CONSENT FOR AUTOPSY

The undersigned, having the right of burial or being among those having the right of burial,
his
and acting for and on her own behalf and for and on behalf of all others having any right of
their
burial or interest therein, of the body of _____
do
does hereby consent to and authorize an autopsy to be performed on the said body by a physician,
or physicians, of the staff of the _____ Hospital; and to the removal and retention
of such organs or parts of said body for scientific study as the said physician, or physicians, may
decide. The autopsy herein consented to and authorized is to include the head, neck, spinal col-
umn, thorax, abdomen, and extremities. (Cross out whatever is not to be included.)

The autopsy and removal of organs or parts for which this consent and authorization is given
is to be done in such a manner as will not interfere with the usual funeral and burial rites.

Dated this _____ day of _____, 19____.

(Add names and	Name _____
relationships if more	Relationship _____
than one signs.)	to Deceased _____

The above person(s) also give consent and permission for the removal, for purposes of imme-
diate transplantation, or of banking for future transplantation, of such parts of the said body as
the physician, or physicians, performing the autopsy may find in their judgment can be used in
that manner for the benefit of any living person, or persons.

Dated this _____ day of _____, 19____.

(Add names and	Name _____
relationships if more	Relationship _____
than one signs.)	to Deceased _____

What the "Disability Freeze" Means to the Medical Profession

Note: Members of the Advisory Committee to the Department of Health, Education and Welfare were responsible for establishing the medical standards for the determination of disability under the recent revision of the Social Security Act. It was also the responsibility of the Advisory Committee to inform the profession of the results of its work.

As a service to the medical profession the Executive Committee of the Conference of Presidents and Other Officers of State Medical Associations authorized compilation of the following article.

IN RECENT MONTHS many physicians have heard from patients about the disability freeze provision in the social security law. This provision, added to the old-age and survivors insurance program in 1954, permits people who have prolonged total disability to apply to have their social security records frozen for the period of their disability. Thus, the time when they could not work and so had no earnings credited to their social security accounts does not count against them in determining their rights to benefits, nor the amount of benefits which will be payable to them at age 65, or to their families in case they should die.

Before a worker's social security record can be frozen, he has to meet certain work requirements. His social security record up to the time of his disability must show that he was in fact a worker, with a fairly regular and recent work history. In addition, he must be shown to have a medically determinable physical or mental impairment severe enough to keep him from engaging in any substantial gainful activity—one which has existed for more than 6 months, and is expected to last indefinitely or end in his death.

SECURING THE MEDICAL EVIDENCE OF DISABILITY

The medical evidence needed to establish the nature and severity of the applicant's disability, the date it began, and its prognosis comes from the doctor who has treated the worker and knows his case, or the hospital or institution in which

the worker has been confined. A Medical Report form was designed to assist the physician in furnishing the needed medical evidence and to indicate the nature and extent of clinical detail which would be necessary. It is given to the applicant for the "disability freeze" and he is asked to have it filled out by the physician most familiar with his impairment. The form itself is modeled closely after the medical report used by major life insurance companies in their disability claims work. In adapting it for use in the "freeze" program, the recommendations of a Medical Advisory Committee were closely followed. This committee, composed of well-qualified representatives of the medical and related non-medical professions, gives advice and guidance to the Social Security Administration on the medical aspects of the "disability freeze" program.

If you have received this medical form to fill out for any of your patients, you are probably aware that the law makes the disabled worker responsible for seeing that medical evidence is submitted for him and for paying any costs involved. The law does not permit the government to pay any costs in connection with securing the medical evidence needed for a determination of disability. You may also know that to insure the confidentiality of the medical evidence, the medical report form is not to be returned to the patient, but is to be mailed by the physician direct to the local social security office. This office, incidentally, is ready to furnish additional information to the physician concerning the medical

report form and the operation of the disability freeze.

DETERMINING DISABILITY

Determinations as to disability based on the evidence submitted are made under an agreement with the federal government, by professional members of an agency of the state in which the applicant resides. In most states, this is the vocational rehabilitation agency. Since referral of disabled individuals for any rehabilitative services which might return them to gainful work is an important aspect of the program, each person applying for the social security disability freeze is told about the availability of vocational rehabilitation services.

On the professional team in the state agency at least one member is a doctor of medicine. The team reviews and evaluates all medical evidence assembled in the applicant's file, as well as such non-medical factors as age, education and occupational experience. Certain medical guides and standards, worked out with the advice of the Medical Advisory Committee are used in the consideration of the medical evidence. But, although these guides and standards can be applied in most cases, they are not rigid and arbitrary. The final determination in each case is based on all the available facts on the individual's impair-

ment and vocational history, and, there is consultation among physicians in any borderline situation.

GUIDES TO FILLING OUT MEDICAL REPORT FORM

No matter how good the standards, nor how considered the judgment of the reviewing team, the determination reached can be no sounder than the evidence upon which it is based. To make sure that he is providing sufficient medical evidence for a prompt and fair determination, the doctor will want to consider the following guides in filling out medical report forms for those of his patients who have applied for the social security disability freeze:

First, include sufficient clinical detail to enable the reviewing team to make a sound determination as to the severity and extent of the patient's current condition;

Second, give enough of the clinical history to provide information as to when the disability began, and when it became so severe as to keep the patient from working;

Third, describe the probable course of the condition from now on, so that a decision can be reached as to whether the impairment is likely to continue indefinitely, or end in death, or whether it is self-limiting, or remediable in the foreseeable future.

Suggestions on the Writing of Interesting Case Reports

CASE REPORTS are of several types. They may concern a single case, or a group of similar cases. They also differ in the presence or absence or the amount of literature review and discussion which accompanies the description of the clinical case itself. The best case report is one which deals with one patient, and which includes a brief review of the most recent literature and a concise discussion.

The report may be opened by a preliminary paragraph to explain the reason for reporting the case, for example—rarity of the condition, unusual features of the case, new method of treatment, or similar circumstance. If an introduction is written a subtitle “Report of Case” should follow the first paragraph.

If the report is of considerable length it may be broken up by subheadings, such as history, physical examination, laboratory data, and operative findings.

The most important distinguishing feature of a good case report is brevity.

Brevity should be obtained by rigidly excluding all non-essential information and by avoiding redundant forms of expression. It should not be attempted by the use of non-standard abbreviations. It is amazing how simple and direct a medical article will become when all unnecessary data and “flowery” construction are eliminated.

Case reports should be written for the most part in the past tense and in simple narrative style. It is well to remember that the wording of an original record which has been written hastily in the office or at the hospital almost always can be improved. Such data need be repeated verbatim only when it is specifically attributed to some individual other than the author or when it has been published previously. Rewriting will improve original records, and this should be done except as noted above.

The patient's real initials and the hospital number should not be included. They can serve

only as a source of embarrassment in case the patient's identity becomes public property.

ELIMINATE THE NEGATIVE

Negative observations and normal findings should not be recorded in a case history unless they are especially significant. Usual and almost universal medical items such as childhood diseases need not be mentioned unless one of the diseases bears directly on the case. If an autopsy report is a part of the writeup special care should be exercised to include only the pertinent points.

Time should be indicated by stating the exact month, day, year or hour—never by phrases such as “two years ago” or “three days after this.”

Tenses should be consistent throughout the report. It is best to use the past tense in the main text. Reports by pathologists are usually written originally in the present tense and when incorporated in a case report should be changed to the past tense. Any observations made at the time of writing should be reported in the present tense. In the summary the present tense is best.

As in all other writing, sentences should be short. It is better to repeat the subject of a sentence several times rather than add modifying phrases and construct a sentence that is too long.

Abbreviations listed in dictionaries or which appear in textbooks are permissible. Sometimes even these will look better when spelled out. Coined abbreviations or those used locally should never be used. Abbreviations used in tables should be explained in a footnote unless their meaning is obvious.

Illustrations have a place in case reports and should be used if they contribute to the interest and understandability of the article.

Again, as in the case of all writing, case reports should be written, allowed to cool, and then be rewritten.

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CASE REPORTS

A WELL WRITTEN CASE REPORT is one of the most interesting and instructive of all the forms of medical literature.

The editorial staff of THE JOURNAL is eager to encourage the submission and publication of case reports for many reasons. First if all, they make good reading—they are short and if succinctly written they bring out clinical points more clearly than the more comprehensive articles are able to do. Since case reports are short, more of them may be published, thus more authors may be included in the scientific endeavors of THE JOURNAL.

For the average physician a case report has the great advantage of not requiring any special laboratory research, nor even any large amount of library facilities. An interesting case which has been carefully diagnosed and well cared for,

and a little time to record the facts, are all that are absolutely necessary.

In the reference section of this issue there appears a dissertation on "Suggestions on the Writing of Case Reports." This is published, not as a prescribed outline to be rigidly followed, but as a suggestion to stimulate the preparation of case reports which THE JOURNAL is interested in receiving.

It is not intended that all case reports be written in the same style or form. One of the advantages of this form of medical reporting is that it can reflect the individuality of the author. The suggestions set forth are for the purpose of getting the work of writing started—after that the details may, of course, be varied according to the case and the style of the writer. The only requirements which should never be ignored in composing a case report are those of conciseness and brevity.

STUDENT LOAN FUND

THE ISMA STUDENT LOAN FUND was established during the month of May when a check for \$10,000 was drawn on the general funds of the association to start a checking account for the Fund.

The Loan Fund was authorized by the Council when it adopted and approved a Declaration of Trust pursuant to an action of the House of Delegates at its last meeting.

A committee of seven has been organized to administer the fund. As specified by the original House action, four of its members are appointed by the ISMA President, one from the membership at large without regard to whether he is a general practitioner or specialist, one as a District Councilor, one as a general practitioner, and one as a recognized specialist of a specialty not otherwise represented. The other three members are the Treasurer of the Association, the Dean of Indiana University School of Medicine and one of the Legal Counselors of the Association.

The committee consists of Dr. Harry Ross, Chairman, Drs. O. W. Sicks, J. W. Denny, John VanNuys, W. U. Kennedy and E. H. Clauser, and Mr. Albert Stump.

The size of the loan fund was set by the House after considerable discussion. Many delegates doubted the necessity for a large fund,

hence the establishment of a relatively small fund, with instructions to the Council to increase it from the general fund if necessary.

Forms for loan application are now available and may be obtained by writing the Association Headquarters Office. As of June 1, three students have evidenced interest in making application and one of them has actually applied for a loan.

Under the terms of the trust agreement loans are limited to \$500 per year, with a total limitation of \$1,500. The loans bear interest only after completion of internship, or after withdrawal from medical school or internship.

Members of the Lawrence County Medical Society have been especially interested in the student loan fund, and were among those who urged its creation by the House of Delegates. Recently this society approved a statement in support of increasing the total fund by additional contribution from the State Association's funds or by individual contribution. They are also favoring a higher limitation on individual loans.

This may be a matter for consideration by the House of Delegates. By the time of the next meeting there will be some experience with the loan fund as presently constituted which will cast light on the question.

THE MEDICAL YEARBOOK

CONTINUING A CUSTOM established in 1947, The JOURNAL of the Indiana State Medical Association presents the 1956-57 Medical Yearbook, a compilation of reference material for use throughout the year.

A roster of all members of the Indiana State Medical Association is published in alphabetical form. Under county headings, the members are again listed with office addresses. The Woman's Auxiliary roster furnishes residence addresses.

All information is as current as possible. Changes were made after the June 10 deadline for copy to assure a directory as nearly accurate as available information could make it.

Among special features included in the 1956-57 Medical Yearbook is an immunization and chemoprophylaxis chart for disease prevention.

The assembling of the information for the Medical Yearbook is a prodigious task. The JOURNAL staff wishes to thank publicly those who helped with the job. Both regular contract advertisers and special Yearbook advertisers have evidenced their friendship for the medical profession of Indiana and for The JOURNAL by reserving an unusual amount of space.

We hope your Medical Yearbook will serve you well throughout the year.

Letter to the Editor:

Dear Sir:

The enclosed statement has been approved by the Lawrence County Medical Society, and I hope you can include it in an early issue of the "Journal" as an editorial.

Sincerely,

Howard T. Hammel, M.D.

Citizens National Bank Building
Bedford, Indiana

The statement follows:

We, of the Lawrence County Medical Society, feel that the House of Delegates made a great stride for "Democracy in Action" in 1955 when they created a loan fund for medical students.

We further feel that more funds should be made available, if not from the treasury of the Indiana State Medical Association, which has approximately \$200,000.00 available, then through individual donations to the fund. We take this position for the following reasons:

1. We are in need of General Practitioners in smaller communities. It is most often the poorer boys from the small towns who are willing to settle as General Practitioners in less populated locations, while the more fortunate boys who have ways and means of furthering medical training, prefer specialization and larger communities.
2. We find the scholastic caliber of boys willing to

accept the rigors of medical education dropping. It is our opinion that this could be changed if sufficient funds were available for loan to intelligent, ambitious young men to assure financial stability once they start to medical school. At the present time these boys find jobs in industry where promotions are early and the pay is good, and 7 to 10 years of training are not required.

3. If more funds were available we could escape the unrealistic \$500.00 per year loan and approach, in cases of dire distress, aid to \$2,000.00 per year for basic medical training which is more in line with present economic conditions.
4. We further feel that if we, as individuals, do not provide funds for future General Practitioners, we will be faced with government provision of funds as in Mississippi and Kentucky where loans are first made, then on graduation licenses are issued for specific time, place, and purpose. This is a very convenient step into the back door for socialization of the entire practice of medicine because these doctors would then be obligated, in fact indebted, to the government.
5. The Doctors of Indiana donate approximately \$50,000.00 per year for the maintenance of our medical school which is, in fact, part of our socialized system of government. We feel we should donate at least a similar sum for a self-sustaining, rotating fund, applied toward the betterment of individual medical students who are in reality the backbone of our *free* system of enterprise.

The President's Page

The Renaissance of Medicine

FOR CENTURIES, surgery, if it could be so called, was a servant to medicine. Beginning with Lister, it became not only respectable, but important.

The progress in saving life made possible by rapid and spectacular improvements in technique resulted in a glamour, which surgeons were not slow capitalizing. Their exploits captured the admiration of the profession as well as the public and rapidly the practitioners of medicine accepted a minor rôle, even though they continued to serve overwhelming numbers of the public.

Even many of the GPs began to believe their part of medical craft was marked for ultimate disappearance into special types of practice. As is not uncommon in human affairs, the ego of specialists led to an assumption of superiority with its coincident exhibition of authority, rightfully belonging only to medicine as a whole. These splinters of medicine assumed autocratic rights in setting up of divisions, each in turn taking to itself similar authority, defining and limiting the areas of activity of those not included in the exclusive circles.

That the lifting of standards by these special organizations ensued cannot be denied. But all of the brains and capacity and zeal for betterments never were included in the sacrosanct areas. The trend had the basic fault of denying to a great mass of men just as devoted to progress, and to men with special aptitudes developed in the hard school of experience, entrance to the special groups, thus aping the caste systems of European countries. There can be but one principal organization in medicine if it is to live.

Minor sections have some desirable features, but they are always subordinate to the profession as a whole. The AMA is the central and representative body in medicine and has been since any comprehensive organization has been in effect in America. The AMA, frequently inept, permitted growth of these splinters and in too great degree abdicated its basic authority.

But there always have been men of forward vision, with a firm belief that medicine as a whole would increase its basic authority, and since medicine in its human relations is an intimate personal contact, in the end, the mass of physicians, better known as GPs, would not disappear and would regain status as the real representatives of medicine. Through the fortunate cycle of amazing improvements in medical care, resulting in the lessening of death rates on an unprecedented scale, and the practical extinguishment of many

diseases afflicting large masses of the people, medicine is again becoming truly a master in its own house.

It is a matter of especial note that the GPs through their own special efforts again have become foremost in medicine, but have had the judgment and good sense to avoid the excesses of the splinter groups, placing control of medicine in the hands of the real authority—the mass of the profession itself.

Our own state has been a leader in this effort—an effort which deserves the wholehearted support of all physicians, restoring an equable balance between different segments of our profession, that all may contribute to the good of the people we all serve.

May I add a statement made by Osler in 1902 which is just as true today:

"It is amusing to read and hear of the passing of the family physician. There never was a time in our history in which he was so much in evidence, in which he was so prosperous, in which his prospects were so good or his power in the community so potent. The public has even begun to get sentimental over him! He still does the work; the consultants and the specialists do the talking and the writing; and take the fees! By the work, I mean that great mass of routine practice which brings the doctor into every household in the land and makes him, not alone the adviser, but the valued friend. He is the standard by which we are measured. What he is, we are; and the estimate of the profession in the eyes of the public is their estimate of him. A well-trained, sensible doctor is one of the most valuable assets of a community, worth today, as in Homer's time, many another man. To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild."—Sir William Osler, 1902.

W. H. Kennedy

ACHROMYCIN

Tetracycline Lederle

in the treatment of

infections in surgery

The prevention and control of cellulitis, abscess formation, and generalized sepsis has become commonplace technique in surgery since ACHROMYCIN has been available. Leading investigators have documented such findings in the literature.

For example, Albertson and Trout¹ have reported successful results with tetracycline (ACHROMYCIN) in diverticulitis, gangrene of the gall bladder, tubo-ovarian abscess, and retropharyngeal abscess. Prigot and his associates² used tetracycline in successfully treating patients with subcutaneous abscesses, cellulitis, carbuncles, infected lacerations, and other conditions.

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¹Albertson, H.A. and Trout, H. H., Jr.: *Antibiotics Annual* 1954-55, Medical Encyclopedia, Inc., New York, N.Y., 1955, pp. 599-602.

²Prigot, A.; Whitaker, J. C.; Shidlovsky, B. A., and Marmell, M.: *ibid.*, pp. 603-607.



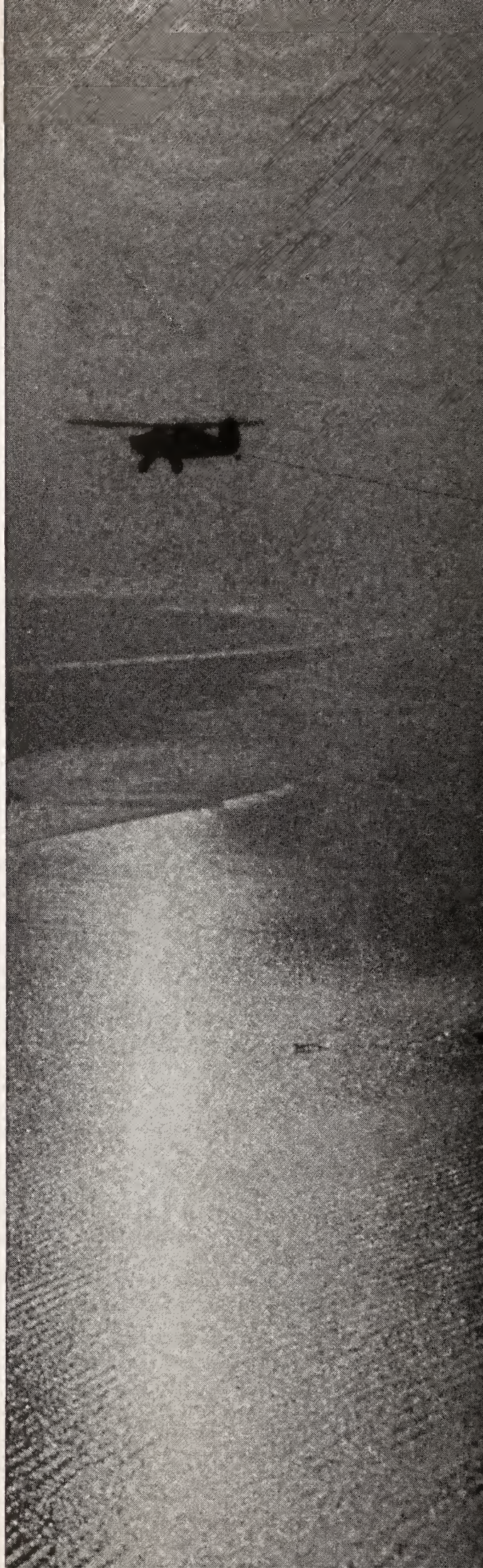
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ACHROMYCIN ACHROMYCIN

Faculty Appointments at I.U. Medical Center Announced

FIVE NEW APPOINTMENTS to the medical and nursing teaching staffs of the Indiana University Medical Center were announced by I.U. President Herman B Wells following their approval by the University's board of trustees.

The new staff members are:

Dr. Arthur L. Drew, University of Michigan, to be associate professor of neurology; Dr. Walter E. Judson, formerly of Boston University School of Medicine, associate professor of medicine; Dr. Roscoe E. Miller, native of Shelby county and I.U. medical graduate, assistant professor of radiology;

Mrs. Beatrice Robinson, native of Decatur county, assistant professor and public health coordinator in nursing, and Miss Barbara D. Kurth, Boston University and Massachusetts Memorial hospitals, assistant professor of nursing.

All of the appointments were effective July 1, except that of Prof. Kurth, who took over her new post June 4.

Dr. Drew, who has been associate professor of neurology at the University of Michigan for

the past two years, is a graduate of Michigan and Columbia universities, has been a neurologist with various institutes and hospitals in the neuropsychiatric field, and has written more than 20 technical papers. He will be director of basic investigation in psychiatric and neurological disorders and teach medical students, residents, and interns.

A graduate of Johns Hopkins, Dr. Judson has been on the teaching faculty of the Boston University School of Medicine and on hospital staffs in Massachusetts and the Canal Zone. In addition to teaching medical students, he will conduct basic research in cardiac and vascular diseases.

A specialist in intestinal obstructions, the cause of President Eisenhower's recent operation, Dr. Miller is a graduate of Technical High School, Indianapolis, and received his medical degree in 1948 from I.U. He has been an instructor at the University of Chicago and will assist in the adult diagnostic laboratories of the department of radiology in addition to teaching in the University's School of Medicine.

Mrs. Robinson and Miss Kurth have held teaching positions in nursing schools in Maryland and Massachusetts, respectively.

*Have you contributed to the
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The Woman's Auxiliary

REPORTS TO I.S.M.A.



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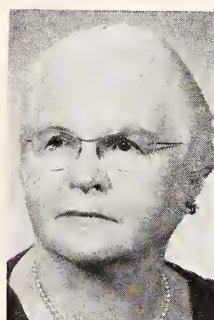
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These officers were installed at the House of Delegates meeting in Gary in April.

With the help of the new State Legislative Chairman, Mrs. Frederick Simmons of Marion, these officers have been working for the defeat of the "disability clause" in HR7225. Auxiliary members were asked to immediately wire our State Senators, the Honorable William E. Jenner and the Honorable Homer E. Capehart, at their offices in the Senate Office Building in Washington, D. C., since the bill was then on the floor of the Senate. We were pleased to be asked by the State Medical Association to assist in their legislative program.

Blue Shield is sponsoring our four area meetings for County Auxiliary presidents and vice-presidents in four regions of our state.

Several Auxiliary members plan to attend the A.M.A. convention in Chicago with their husbands and we hope to see our Auxiliary represented on the national level.

Julia Tindall

Mrs. William R. Tindall, President

In the imposing setting of the Chicago Civic Opera House, Dr. Dwight H. Murray, Napa, California, a native of Indiana and graduate of Indiana University School of Medicine (right), receives the oath of office as president of the American Medical Association. Dr. Gunnar Gundersen, chairman of the A.M.A. Board of Trustees, administered the oath.



AMA Summarizes Action Taken at Annual Meeting; Dr. Murray Inaugurated

This summary was prepared by Dr. George F. Lull, M.D., Secretary-General Manager of A.M.A., at the conclusion of the 105th Annual Meeting in Chicago, June 11-15.

HOSPITAL ACCREDITATION, evaluation of graduates of foreign medical schools, private practice by medical school faculty members, federal aid to medical education and premature publicity on new drugs were among the major subjects acted upon by the House of Delegates at the American Medical Association's 105th Annual Meeting held June 11-15 in Chicago.

Dr. David B. Allman, surgeon of Atlantic City, N. J., was named unanimously as president-elect for the coming year. A member of the A.M.A. Board of Trustees since 1951 and also chairman of the Committee on Legislation, Dr. Allman will become president of the American Medical Association at the June, 1957, meeting in New York City. He will succeed Dr. Dwight H. Murray of Napa, Calif., who took office at the Tuesday evening inaugural program in the Chicago Civic Opera House.

The House of Delegates selected Dr. Walter L. Bierring of Des Moines, Iowa, as recipient of the 1956 Distinguished Service Award of the American Medical Association for his long and outstanding contributions to medicine and humanity. Dr. Bierring, a past president of the A.M.A., was honored for his achievements in the fields of public health and medical examining board work. He formally accepted the award at the June 12 inaugural program.

Total registration at the end of the fourth day of the meeting, with half a day still to go, had reached 22,394, including 9,793 practicing physicians and 12,601 residents, interns, medical students and guests.

HOSPITAL ACCREDITATION

The House of Delegates approved the report of the Committee to Review the Functions of the Joint Commission on Accreditation of Hos-

pitals, which was appointed by the Speaker as a result of action taken at the June, 1955, meeting. The Committee came to the following conclusions:

"1. Accreditation of hospitals should be continued.

"2. The Joint Commission should maintain its present organizational representation.

"3. The Board of Trustees should report annually to the House of Delegates on the activities of the Joint Commission.

"4. Physicians should be on the administrative bodies of hospitals.

"5. General practice sections in hospitals should be encouraged.

"6. Staff meetings required by the Joint Commission are acceptable, but attendance requirements should be set up locally and not by the Commission.

"7. The Joint Commission should not concern itself with the number of hospital staffs to which a physician may belong.

"8. The Joint Commission is not and should not be punitive.

"9. The Joint Commission should publicize the method of appeal to hospitals that fail to receive accreditation.

"10. Reports on surveys should be sent to both administrator and chief of staff of hospital.

"11. Surveyors should be directly employed and supervised by the Joint Commission.

"12. Surveyors should work with both administrator and staff.

"13. New surveyors should receive better indoctrination.

"14. Blue Cross and other associations should be requested not to suspend full benefits to non-accredited hospitals until those so requesting have been inspected.

"15. The American Medical Association should conduct an educational campaign for doctors relative to the functions and operations of the Joint Commission.

"16. The Committee also suggests that the American Medical Association and the American Hospital Association encourage educational meetings for hospital boards of trustees and

administrators either on state or national levels to acquaint these bodies with the functions of accreditation.

"17. This Committee asks to be discharged upon submission of this report to the House of Delegates."

The House also approved a reference committee suggestion that the following statement be added to strengthen the report:

"The Committee recommends that the commissioners to the Joint Commission on Accreditation of Hospitals, appointed by the Board of Trustees of the American Medical Association, urge that Commission to study:

"1. The problems of the exclusion from hospitals and arbitrary limitation of the hospital privileges of the general practitioner, and

"2. Methods whereby the following stated principles may be achieved:

" 'The privileges of each member of the medical staff shall be determined on the basis of professional qualifications and demonstrated ability.'

" 'Personnel of each service or department shall be qualified by training and demonstrated competence, and shall be granted privileges commensurate with their individual abilities.' "

GRADUATES OF FOREIGN MEDICAL SCHOOLS

The House of Delegates approved in principle a program for the evaluation of graduates of foreign medical schools seeking hospital positions in the United States. The proposed program was developed by the Cooperating Committee on Graduates of Foreign Medical Schools, representing the A.M.A. Council on Medical Education and Hospitals, American Hospital Association, Association of American Medical Colleges and Federation of State Medical Boards of the United States.

The following principles were emphasized by the Council on Medical Education and Hospitals in its report recommending A.M.A. participation in the program:

"1. Although the responsibility to share educational opportunities in medicine is recognized, the primary concern must be for the health care of the American public. Thus, before assuming responsibility for the care of patients as interns

or residents, all graduates of foreign medical schools (immigrants, exchange students and American graduates of foreign medical schools) should give evidence, as nearly as can be measured, of having reached a level of educational attainment comparable to that of students in American schools at the time of graduation.

"2. The primary objective of this Committee is to devise an effective mechanism for measuring educational attainment in the absence of intimate and continuing knowledge of the educational background of foreign-trained physicians. This mechanism should provide hospitals with pertinent information regarding the medical qualifications of foreign-trained physicians seeking positions as interns or residents. It should not interfere with the hospital's privilege of making its own selection among qualified physicians, nor should it serve as a substitute for or interfere with the normal licensure procedures of the various state boards.

"3. It is not intended that this mechanism be applicable to those foreign medical school graduates in this country as temporary students participating in programs of medical and related studies in recognized universities, medical schools and postgraduate schools, who by the very nature of their study are not involved in the responsibility of patient care."

The proposed plan calls for establishment of a central administrative organization to evaluate the medical credentials of foreign trained physicians desiring to serve as interns or residents in American hospitals. Basic requirements would include satisfactory evidence of at least 18 years of total formal education, including a minimum of 32 months in medicine, exclusive of any time which in this country would be considered as premedical study or internship. Applicants with satisfactory credentials then would take a screening examination to determine their medical knowledge and their facility with the English language. Successful applicants then would be certified to hospitals and other interested organizations, with the approval of the foreign-trained physician concerned.

PRIVATE PRACTICE BY MEDICAL SCHOOL FACULTY MEMBERS

Another major action by the House involved the problem of private practice by medical school

faculty members, which has been under study by the Committee on Medical and Related Facilities of the Council on Medical Service. The House adopted a Council report which stated "that it shall be the policy of the American Medical Association that funds received from the private practice of medicine by salaried members of the clinical faculty of the medical school or hospital should not accrue to the general budget of the institution and that the initial disposition of fees for medical service from paying patients should be under the direct control of the doctor or doctors rendering the service."

It was further recommended that adequate liaison be developed and maintained between each county medical society and any medical school or schools in its area; that the Council on Medical Education and Hospitals and the Association of American Medical Colleges urge all medical schools to assist and work with medical societies in developing such liaison, and that publicity emanating from a medical school should be in good taste and of a type which has the approval of the general medical community in that area.

The adopted report also said: "It is not in the public or professional interest for a third party to derive a profit from payment received for medical services, nor is it in the public or professional interest for a third party to intervene in the physician-patient relationship."

FEDERAL AID TO MEDICAL SCHOOLS

One of the most controversial subjects of debate on the floor of the House was a resolution expressing strong opposition to S. 1323, a bill in Congress providing for one-time, matching grants to medical schools for construction purposes. The Association in recent years has been supporting such legislation in principle, with certain reservations concerning details of some provisions. The House reaffirmed that policy by approving a reference committee statement which said:

"We appreciate the intent with which this resolution was introduced, but at the same time we feel that there are many economic and geographical factors involved, which might not make this resolution practical on a national level. Inasmuch as no evidence was offered to this Com-

mittee to justify a change in the previously declared policy of the House of Delegates, your Committee recommends that this resolution be not adopted."

PREMATURE DRUG PUBLICITY

The House adopted a substitute resolution which read:

"Whereas, In recent years, events have indicated the necessity for a closer liaison between the pharmaceutical manufacturer and the American Medical Association; and

"Whereas, In view of the tremendous number of new drugs being developed and the expanding research programs in medical colleges, clinics and hospitals being financed by the drug industry, it is imperative that the manufacturer and the medical profession develop cooperatively guiding principles which will protect the American people from being subjected to the premature release of information pertaining to new products or techniques; and

"Whereas, Competition within the pharmaceutical industry has become extremely keen, so that in the advertising of their products drug manufacturing firms have been forced into the expenditure of larger and larger sums of money and in increasingly broader fields of advertising; therefore be it

"Resolved, That the Board of Trustees of the American Medical Association appoint a liaison committee to meet with representatives of the pharmaceutical manufacturers to accomplish this objective."

MISCELLANEOUS ACTIONS

Among many other actions on a wide variety of subjects, the House also:

Approved a Board of Trustees **statement on Social Security** which included the following: "It is imperative that we distinguish clearly between this problem of coverage of physicians and the far more dangerous disability proposal. The fact should be recognized that the shape of medical practice in the future is not directly related to the inclusion or exclusion of physicians under OASI. It is a matter of vital importance to us as individuals, but it cannot, *per se*, stimulate further government intrusion into medical care.



Dr. Dwight H. Murray, president, and Dr. Elmer Hess, immediate past president of A.M.A., congratulate Dr. Walter L. Bierring, Des Moines, Iowa, who received the 1956 Distinguished Service Award of the American Medical Association during the Chicago meeting. Dr. Bierring is also an A.M.A. past president.

On the other hand, the disability amendment obviously brings the Social Security Administration closer to the regulation of medical care than ever before."

Adopted a resolution **amending the Bylaws** to provide that the Vice President, Treasurer, Speaker and Vice Speaker of the House of Delegates shall be ex officio members of the Board of Trustees with all the rights and duties of the Board without the right to vote.

Increased membership of the **Council on Medical Service** from six to nine active or service members and eliminated all ex officio members except the immediate Past President.

Directed the Council on Medical Service and the Council on Industrial Health to **reconsider** the "Guiding Principles for Evaluating Management and Union Health Centers" through their joint Committee on Medical Care for Industrial Workers and to **so revise the guides** that they conform completely with the Principles of Medical Ethics.

Authorized the Committee on Federal Medical Services to make a **continuing study of all aspects of VA medical activities** under the basic policy established in June, 1953, and sug-

gested reconsideration of the temporary exceptions made at that time with respect to neuropsychiatric and tuberculous disorders.

Recommended that the Board of Trustees **select New York City** as the place of the 1961 annual meeting.

OPENING SESSION

At the June 11 opening session Dr. Elmer Hess, outgoing A.M.A. President, warned that the medical profession must be prepared to face an all-out drive by some labor groups for national compulsory health insurance. Dr. Dwight H. Murray, then President-Elect, told the House that general practitioners and specialists must guard against "any cleavage within our profession," and he urged strength through unity.

Dr. Lowell T. Coggeshall, special assistant to Secretary Marion B. Folsom of the U. S. Department of Health, Education and Welfare, assured the House that the over-all medical objectives of HEW are in accord with those of the A.M.A. A memorial plaque honoring the late Dr. Carl M. Peterson, secretary for 17 years of the A.M.A. Council on Industrial Health, was presented by Dr. Ross McIntire on behalf of the President's Committee on Employment of the Physically Handicapped. The Illinois State Medical Society presented a check for \$164,940 to the American Medical Education Foundation.

INAUGURAL PROGRAM

Dr. Murray, in his inaugural address at the Tuesday evening ceremony in the Chicago Civic Opera House, declared that "what we need most in medicine today is to find some way of com-

bining modern scientific methods with the personal, friendly touch of the old-time family doctor." The inaugural program, which included the Bluejacket Choir of the U. S. Naval Training Center at Great Lakes, Ill., was telecast over Station WBKB in Chicago.

ELECTION OF OFFICERS

In addition to Dr. Allman, the new President-Elect, the following officers were elected:

Dr. F. S. Crockett of Lafayette, Ind., Vice President; Dr. George F. Lull of Chicago, Secretary; Dr. J. J. Moore of Chicago, Treasurer; Dr. E. Vincent Askey of Los Angeles, Speaker, and Dr. Louis Orr of Orlando, Fla., Vice Speaker.

Dr. Julian Price of Florence, S. C., was re-elected to the Board of Trustees, and Dr. Hugh Hussey of Washington, D. C., was named to succeed Dr. Allman. Dr. Robertson Ward of San Francisco was elected to the Judicial Council to succeed Dr. Walter F. Donaldson.

Re-elected to the Council on Medical Education and Hospitals were Dr. Guy A. Caldwell of New Orleans and Dr. John W. Cline of San Francisco. Dr. Walter E. Vest of Huntington, W. Va., was named to succeed Dr. Louis A. Butie on the Council on Constitution and Bylaws.

Elected to the Council on Medical Service were Dr. Carlton Wertz of Buffalo, N. Y., to succeed himself, and Dr. J. F. Burton of Oklahoma City to succeed the late Dr. A. C. Scott, Jr. of Texas. Named for the three new places created on the Council on Medical Service were Dr. Thomas Danaher of Torrington, Conn.; Dr. R. M. McKeown of Coos Bay, Ore., and Dr. Lafe Ludwig of Los Angeles.

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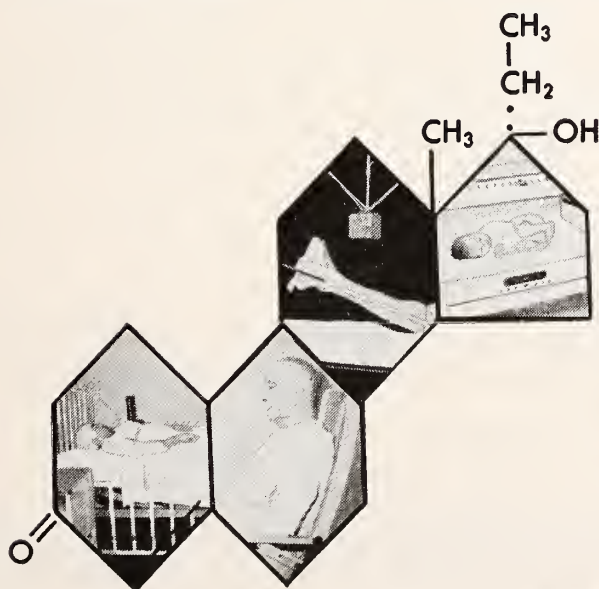
WELL TOLERATED —Nilevar has an extremely low toxicity. Laboratory animals fail to show toxic effects after six months of continuous administration of high dosages. Nilevar should not be administered to patients with prostatic carcinoma. Nausea or edema may be encountered infrequently. Slight androgenicity may be evidenced on high dosage or in particularly responsive individuals.

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SEARLE

I.U. Confers Honor on Distinguished Alumnus, New President of A.M.A.

DR. DWIGHT H. MURRAY, native of Indiana and graduate of the Indiana University School of Medicine, received at the University's 127th commencement June 10 the institution's highest alumni award, the Distinguished Alumni Service Award.

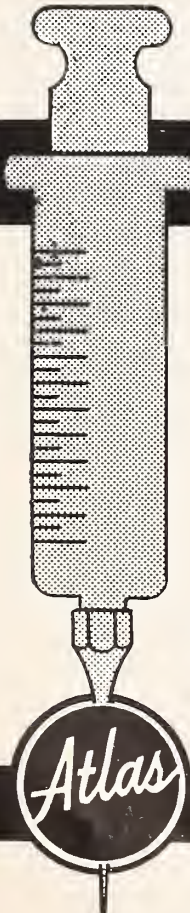
Given only to alumni of the University and limited to not more than five in any year, the Award was given to the A.M.A. president for "outstanding distinction in his service to the medical profession and distinguished citizenship in his service to his community and state."

"His election as president of the American Medical Association," the citation accompanying

the award stated, "is proof of the respect and admiration in which he is held by his fellows. Not since 1867 has this high office been held by a general practitioner of medicine and never before by an Indiana University graduate.

"His work as a leader in dealing with problems of local medical practice has been of particular importance in programs of medical care for indigent children and in treatment and rehabilitation of the mentally ill in the state of California."

Dr. Murray was born in Springville, Lawrence County, and received the M.D. degree from Indiana University in 1917.



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Indiana Doctor Named AMA Vice-President

DR. FRANKLIN SMITH CROCKETT, West Lafayette physician-farmer, was elected vice-president of the American Medical Association in Chicago during the annual meeting June 11-15. His election to the high office was received enthusiastically by friends from coast to coast who have known him affectionately as Dr. "Davy" Crockett for many years.

A 50-year man in the medical profession, Dr. Crockett has contributed generously of time and energy to better health conditions, particularly in rural areas. Since 1945 he has been chairman of the Council on Rural Health of the American Medical Association. He has been tireless in his effort to bring improved medical service to isolated sections of rural America.

A native of Logansport, Dr. Crockett is a graduate of Purdue University and the old Indiana Medical College. He has been in practice in Lafayette since 1905. Specializing in urology, he has served in a multitude of staff and advisory positions, ranging in scope from his home town hospitals to the U. S. Public Health Serv-



ice. He is a founding member of the American Board of Urology, member of the American Urological Association and the American College of Surgeons.

Dr. Crockett has been president of the Tippecanoe County Medical Society, the Indiana State Medical Association (1932) and the Midwestern Agricultural Workers Health Association, which provided medical care for transient farm labor during World War II. He served as a captain in the medical corps in World War I and as Selective Service consultant during World War II. He was a delegate from Indiana to the House of Delegates of A.M.A. from 1929-1951. His civic interests have rivaled his participation in his profession's programs. His home and office are at 424 Littleton Street, West Lafayette.

Dr. Crockett's election to the A.M.A. vice-presidency brought added honor to Indiana. Dr. Dwight H. Murray, who assumed the presidency of A.M.A., is a native of Lawrence county, Indiana.



Photo, June 5, 1956

MOVING AHEAD IN MEDICAL EDUCATION!

scheduled for completion next year, this modern building will house the Indiana University School of Medicine and provide facilities for the basic courses in dentistry, nursing and related health fields.

it will also make possible the transfer of first-year classes in medicine and dentistry to the University's Medical Center campus in Indianapolis, a move long advocated by the State Association.

the Medical Science building, financed by funds appropriated by the Indiana General Assembly, has an estimated cost of \$7,000,000 and represents a major expansion of physical facilities for medical education on the Indianapolis campus.

designed specifically for modern teaching needs, the building will also meet expansion demands within the foreseeable future.

it represents a definite contribution to Indiana's continued progress in medical education.

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Medical Education Week

MAURICE E. GLOCK, M.D.*

Fort Wayne

THE MEMBERS of your state Committee on Medical Education would like to take this opportunity to thank all of you who participated and helped in the April campaign for dissemination of information and the drive for funds for Medical Education. This worthy program had a rather late start in this state due to lack of time for organization but proved to be successful from the standpoint of aid to medical schools, information to the public, and awareness of the individual physician to his indebtedness to the medical school which gave him his training.

At this time we would like to give special credit to a medical society which has done an outstanding job. Our thanks go to Dr. James Gosman and his committee and the Indianapolis Medical Society for the excellent work they have done in the recent campaign. Since this program for aid to the medical schools and publicizing of their problems and needs is to be on a yearly basis, it was thought the report of the activities of the Marion county society would be of interest and a guide and stimulus to other members of our association.

A letter containing all details of the activities

of the Indianapolis group was made a part of the minutes of the meeting of the ISMA Council and published in the June issue of The JOURNAL, page 709.

It is hoped that all of the county medical societies of the state will prepare a program comparable to this, consistent with their local facilities, in preparation for Medical Education Week next year and we hope each individual physician will aid and participate in this program.

* Chairman, Committee on Medical Education and Licensure, Indiana State Medical Association.

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A more complete gall bladder regimen in a single tablet...


Colicell

Each Tite-Coat Red Tablet Contains:

Extracts of Whole Bile (Equal parts Ox and Hag).....	210.0 mg.
Ketachalanic Acids (Oxidized or keto form of normally occurring bile acids containing approximately 93% dehydrocholic acid).....	90.0 mg.
Methyl Cellulose.....	130.0 mg.
Homatrapine Methylbromide.....	2.5 mg.

(In bottles of 100 and 1000 tablets.)

- more effective . . . for a longer period of time
- specially coated to prevent gastric disturbance
- lower cost than most bile acid preparations that have only a single purpose



SAMPLES AND LITERATURE ON REQUEST
SUTLIFF & CASE CO., INC.
Pharmaceutical Specialties
PEORIA, ILLINOIS

What Americans Think of the Medical Profession: Report of a Survey

Results of a public opinion poll made by an independent research firm for the American Medical Association are being told in serial form in *The JOURNAL of the Indiana State Medical Association*. This instalment deals with **DOCTORS' VIEWS ABOUT ORGANIZED MEDICINE.**

SUMMARY III

ATTITUDES about A.M.A. held by both the public and the medical profession were discussed in Summary II. What do these attitudes, particularly those of physicians, mean to organized medicine? How can this information be put to use to strengthen and improve doctors' organizations?

Only one doctor in twelve is critical of A.M.A.

“...in patients
with moderately
severe and severe
cardiac failure,
neohydrin
is the oral diuretic
of choice.”*

*Moyer, J. H., and others:
J. Chronic Dis. 2:670, 1955.

03056

Negative impressions of A.M.A. are held by one doctor in twelve (8%). However, only 7% of A.M.A. members are critical of the Association while 10% of the non-members say they have negative impressions.

Doctors give the dental association a higher rating in terms of favorable impressions than they do A.M.A. About three out of four doctors (73%—82%) say their impressions of both A.M.A. and the American Dental Association are all good or more good than bad. Yet one M.D. in twelve says he has negative impressions of A.M.A. while only one in 50 is critical of A.D.A. It is possible that this is explained by the fact that the A.D.A. has been in the public eye far less than the A.M.A.

Doctors rank the American Bar Association in third place. Eleven percent of the doctors say they have negative impressions of the bar association. Two out of five doctors decline to express opinions about either A.D.A. or A.B.A.

Even though less than a fourth of the public differentiate between the A.M.A. and medical societies, about half of the doctors think of these societies as different from A.M.A. Less than a fourth of the public (22%) say they think of state and county or local medical societies as being different from A.M.A. Almost half of the doctors (48%) say they are different from A.M.A. while an equal number (49%) say they think of these societies as being a part of A.M.A.

The most common difference cited by doctors who distinguished between A.M.A. and medical

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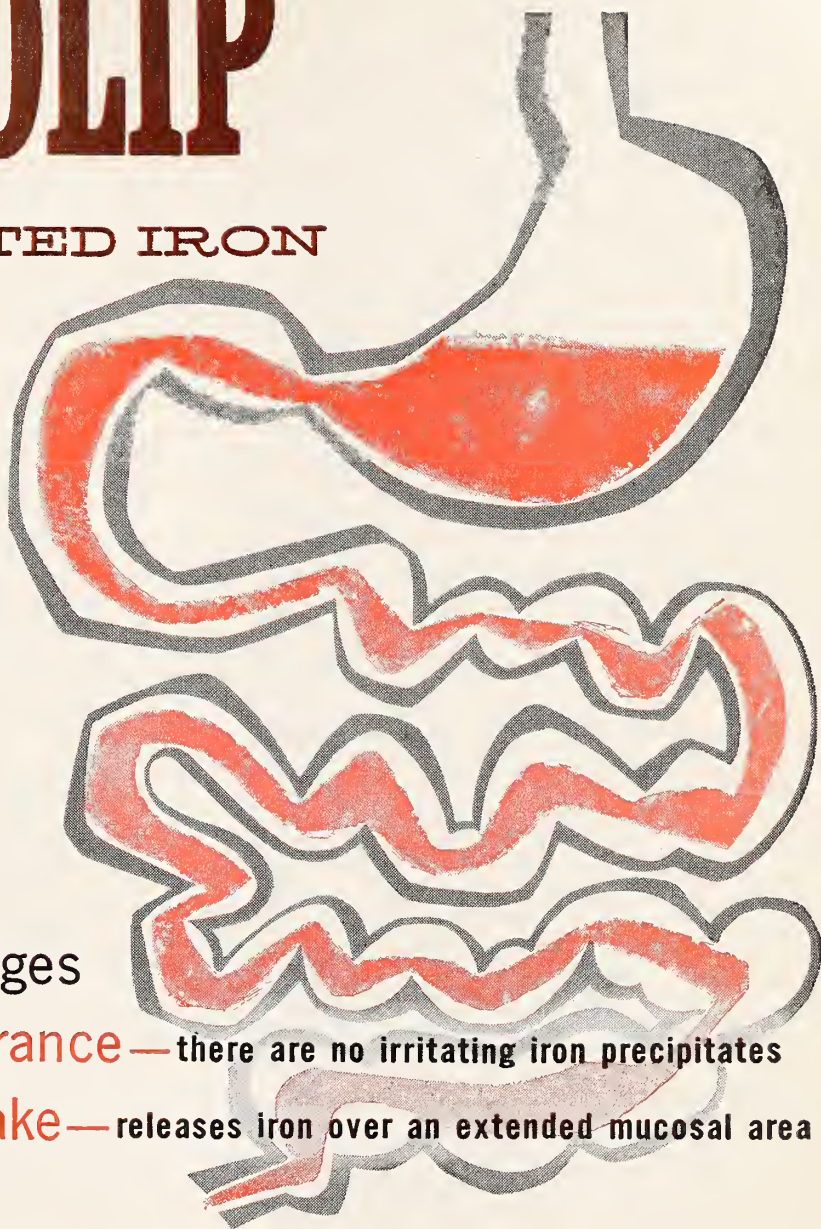
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CHELATED IRON

remains
in solution
throughout the
full pH range
of the small
intestine,
thus assuring
2 important
clinical advantages

Better Iron Tolerance—there are no irritating iron precipitates

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tablets Three FERROLIP* Tablets supply 120 mg. of iron and 360 mg. of choline base.

Dosage for Adults 1 or 2 tablets t.i.d., for Children, 2-6 years, 1 tablet t.i.d.

syrup Six teaspoonfuls of FERROLIP Syrup supply 120 mg. of iron and 360 mg. of choline base

Dosage for Adults. 2 to 4 teaspoonfuls t.i.d., for Children, 2-6 years, 1 or 2 teaspoonfuls t.i.d.

drops Each cc. of FERROLIP Drops provides 16 mg. of iron and 48 mg. of choline base. The M.D.R. for infants is 0.5 cc.

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acutely
agitated...

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EMOTIONAL DETACHMENT

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NEW Potent Ataraxic

HYDROCHLORIDE

Promazine Hydrochloride

10-(γ -dimethylamino-*n*-propyl)-phenothiazine hydrochloride



Supplied: Tablets, 25, 50, and 100 mg., bottles of 50 and 500; 200 mg., bottles of 500. Injection, 50 mg. per cc., vials of 2 and 10 cc.

1. Fazekas, J.F., et al.: J.A.M.A. 161:46 (May 5) 1956. 2. Mitchell, E.H.: J.A.M.A. 161:44 (May 5) 1956.

*Trademark

An Exclusive Development of Wyeth
Pharmacological Research



Philadelphia 1, Pa.

INDICATIONS:

- The acute alcoholic^{1,2}—delirium tremens, acute hallucinosis, tremulousness
- The acute psychotic¹—acute excitation due to various psychoses
- The drug addict¹—withdrawal syndrome: nausea, vomiting, muscle and bone pains, abdominal cramps, general malaise

FINDINGS:

"The drug... is effective in... maintaining these subjects in a quiescent detached state.... Complications such as jaundice, ... dermatitis, edema, lactation, basal ganglion disturbances, or depression were not observed during these studies."¹

As with any new and potent agent, it is well to be fully informed on the precautions of use and the possibility of side-effects. Before prescribing SPARINE, the physician should consult the direction circular.

For intravenous, intramuscular, or oral administration.



Does money really grow on trees?

Certainly not for most folks — but for a couple of million people it seems to.

They are people who get their electricity from power plants owned by the federal government. They pay less for electric service than other people do, simply because you and everybody else pay part of their electric bills.

Here's how that happens. First, part of your taxes goes to pay for the government power plants that serve these people. Second, the electric bills these people pay do not include many of the taxes

you pay in *your* electric bills. So *your* share of taxes has to be increased to pay *their* share.

Not exactly fair, is it? Yet some people are trying to push the federal government into building and running *more* unnecessary power plants and power dams — to extend this “special privilege” still farther.

This kind of favoritism is unfair to everybody — especially to you who have to pay for it. That's why we're bringing you these little-known facts.

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The fathers of many of the doctors we serve today also relied on BANKERS TRUST for friendly, courteous financial service. We're quite proud of this fact, and cordially invite all doctors and their families to take advantage of our complete banking facilities.



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PENNSYLVANIA AND OHIO STREETS

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WHAT AMERICANS THINK (cont.)

societies is the obvious one that the constituent societies are local organizations.

The following findings were discussed in Summary II in connection with public and professional attitudes toward A.M.A.:

1. People ascribe much more laudable purposes to A.M.A. than doctors expect them to.
2. Doctors say public relations, legislative interest, and improvement of medical care are the Association's major aims for the public.
3. Doctors say that promoting professional standards, keeping them informed, and public relations are the Association's main aims for doctors.
4. Although only a third of the doctors say A.M.A. is run by majority rule, they do not necessarily object to minority rule.
5. A.M.A. policies satisfy three out of four doctors.
6. Two out of three doctors say the A.M.A. has about the right amount of control over individual doctors and one in eight says the Association doesn't have enough control.
7. Doctors do not think the A.M.A. is prejudiced. Eighty-one percent deny that it is prejudiced against a particular group of people or doctors.
8. Almost all doctors (91%) approve of the A.M.A.'s standards for medical schools.
9. Four out of five doctors (80%) approve of the Association's standards for hospitals.
10. Almost three-fourths of the doctors say A.M.A. either enters into politics in about the right degree or not enough. Only one doctor in six (16%) says A.M.A. is too active politically.

Let's take a closer look at doctors' views on specific A.M.A. activities. What do doctors think about the Association's stepped-up public relations program, for example?

Most doctors consider public relations to be a very important function of A.M.A. Nine doctors in every ten (91%) say public relations should be an "important" or "very important" function of A.M.A. Those who discount its importance

Only Meat *. . . is Meat*

Suppose we suddenly found ourselves in a "Brave New World," in which all the rich protein, the B vitamins (including the important B₁₂), the minerals, and all the other nutrients of a juicy steak or a succulent pork chop could be compressed into a capsule. Suppose we were to take one or two such capsules each day. What would happen?

Would we be just as healthy? Would we be as happy?

There is something about man's wish for meat that cannot be satisfied by chemical or mathematical analyses. The feeling of satisfaction, the downright enjoyment of biting into and chewing, the pleasurable effect of having eaten well . . . all these make meat more than just an impressive list of essential nutrients. Long before man knew anything about the science of nutrition he knew meat was part and parcel of his health and his joy of eating and of living.

Other foods may be fortified and enriched,
but none can ever take the place of meat.

Only meat is meat.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

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and Handicapped
since 1940**

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Baker Brothers

2039 N. Capitol
Indianapolis 2, Indiana

WHAT AMERICANS THINK (cont.)

think most often that it should be left to the individual doctor (2%) or to the local society (1%). Here are doctors' reasons for saying public relations is important:

Makes for better understanding-----	27%
Voice of profession, national scope-----	27
Public relations needs improving-----	12
Public opinion is important to doctors-----	7
Brings public and doctors together-----	5
Helps avoid government medicine-----	4
It's important for every group-----	4
Doctors cannot do it alone-----	2

People who know the A.M.A. rate its public relations success higher than the doctors do. Over half (56%) of the public think A.M.A. is doing a "very good" or "good enough" job of getting along with the public, but a smaller number of doctors (42%) agree. Only one in five people say the Association is not doing a good enough PR job, but about half (48%) of the doctors are not completely satisfied with PR progress. Doctors' reasons for saying A.M.A. is not getting along with the public as well as it should include:

People are unaware of A.M.A. -----	4%
Too much ill-feeling -----	13
Always can do better -----	4
Too much unfavorable publicity-----	6
Hearsay, reputation -----	11

Doctors give a higher rating to A.M.A.'s public relations efforts within the profession. Three doctors in every five (60%) say that the Association's relations with doctors are "good enough" or "very good." A third (33%) feel that more can be done to improve this relationship. The

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(Zoned for Physicians)

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JOSEPH P. GRANNAN, AGT.
PHONE MELROSE 2-6517

greatest complaint is that A.M.A. is too far removed from the individual physician.

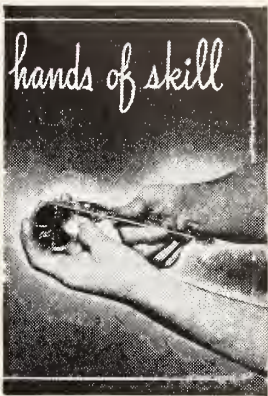
“Why do you say that A.M.A. is not doing a good enough job in its public relations with doctors?”

Too remote, too little contact--	12%	
Does not keep us sufficiently informed -----	4	
Misrepresents doctors' views --	2	
Does not help general practitioners -----	2	
It opposes social security for us	1	(Misconception shown here)
Too much a clique-----	1	
Does not defend us against critics -----	1	
Does not poll our opinions----	1	
Does not achieve harmony----	1	
My experience, observation --	1	
Other mentions -----	8	
Don't know -----	3	

The majority of doctors are aware of recent changes in the A.M.A.'s public relations program and approve of these changes. When asked, “Have you noticed any changes in the A.M.A.'s public relations program in the last few years?”, about three out of five (57%) of the doctors replied “yes”. Almost all (50%) of those who

to interpret your Rx.....

It's true that many doctors send White-Haines their really tough jobs. It's also true that more and more professional men have found that it pays to use W-H Blue Ribbon Rx Service for all their jobs—to give all their patients the same high quality White-Haines is a lot more than a collection of Rx laboratories with good machinery and a staff of technicians. Over the years (more than half a century) White-Haines and Blue Ribbon have become the standard for fine ophthalmic craftsmanship. A tradition of excellence has grown until no job is ever “good enough” until it is as near perfect as human skill can make it Why don't you give all your patients the benefit of Blue Ribbon prescriptions. Start today.



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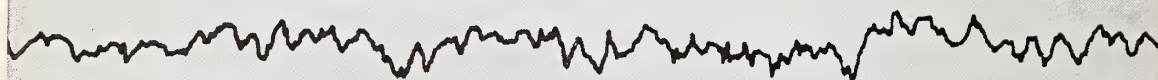
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WHAT IS THE DIFFERENCE BETWEEN A TRANQUILIZER AND A SEDATIVE?

*Comparison of the effect of Raudixin (tranquilizer) and a
barbiturate (sedative) on the cortical electroencephalogram*



No drug.



After Raudixin. E. E. G. not altered.



After barbiturate. Typical "spindling" effect.

Because barbiturates and other sedatives depress the cerebral cortex, the sedation achieved is accompanied by a reduction in mental alertness.

Raudixin acts in the area of the midbrain and diencephalon, and does not depress the cerebral cortex. Consequently, the tranquilizing (ataractic) effect achieved is generally free of loss of alertness.

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Squibb Whole Root Rauwolfia Serpentina

DOSAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. per day.

SUPPLY: 50 mg. and 100 mg. tablets; bottles of 100, 1000 and 5000.

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Squibb Quality—the Priceless Ingredient

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DOCTORS EVERYWHERE NOW KNOW WHY

Viceroy's Are Smoother

THE VICEROY TIP HAS ...

**TWICE
AS MANY
FILTERS**



Professional men who have studied the microscopic analysis of the Viceroy filter now know why the Viceroy taste is smoother—never rough. Only Viceroy has 20,000 tiny filters in every tip—twice as

many filters as the other two largest-selling filter brands. That is why Viceroy's are smoother by far—never, never rough. That is why so many doctors now smoke and recommend Viceroy's.

Yes, smoother taste because there are
**TWICE AS MANY FILTERS
IN EVERY VICEROY TIP**
as the other two largest-selling filter brands!



Viceroy's exclusive filter is made from pure cellulose—soft, snow-white, natural!



WHAT AMERICANS THINK (cont.)

noticed changes say they think the changes are good. Less than a third (30%) of the doctors say they haven't noticed any changes. A smaller percentage of doctors (46%) say they have also seen public relations program changes in their state societies, but a higher proportion (40%) say they are unaware of such changes at the state level.

Noticed changes in programs at national and state levels are somewhat different, as shown by these replies :

	A.M.A. program	State program
Greater volume, stepped up-----	14%	11%
Changed philosophy -----	7	*
Trying, more alert -----	7	*
Television programs -----	7	5
Articles, publications -----	6	3
Better press -----	6	5
Better public relations -----	5	3
Radio programs -----	4	5
More active against government medicine -----	3	*
Grievance committees -----	1	7
Speakers, forums -----	*	4
*Less than ½%		

What are doctors' reactions to specific public relations-oriented activities, such as television shows, radio programs and pamphlets? What media do doctors consider most effective in terms of good public relations? Are doctors familiar with these media?

Television shows are considered more effective PR media than radio programs or pamphlets. Two-thirds of the doctors (66% and 69%) consider "March of Medicine" and "Medic" to be very effective public relations devices. Less than 10% (6% and 8%) say these shows are not very effective. A.M.A. radio programs and pamphlets are considered "very effective" or "somewhat effective" by about half of the medical profession (49% radio; 50% pamphlets). One out of five, however, say pamphlets are not very effective in terms of improving public relations; yet two out of three (64%) say they have placed A.M.A. pamphlets in their waiting-rooms.

Doctors split about evenly in their appraisals of the resultant effect of articles published about the profession. Three out of ten (29%) physicians say articles have generally had a good effect

and one out of four (25%) say the net effect has been bad.

"Do you think the net effect of all the newspaper and magazine articles has been good, bad, or about even for the medical profession?"

	Doctors
Net effect has been good-----	29%
About even-----	40
Net effect has been bad-----	25
Qualified answers-----	2
No opinion-----	4

A number of questions included in the survey help measure doctors' interest in A.M.A. and appraise the organization's appeals as well as its shortcomings. The initial question, of course, is in regard to membership.

Nine out of ten doctors in private practice are members of A.M.A. The survey reveals that 90% of all M.D.s in private practice are A.M.A. members. Membership is held by 95% of all internists and surgeons, 89% of all other specialists, and 88% of all general practitioners. Just about as many younger physicians as older physicians belong to A.M.A. Eighty-eight percent of those men in practice less than ten years hold membership as do 94% and 93% respectively of those doctors in practice from 10 to 19 years and from 20 to 29 years. Geographically, the largest proportions of membership are in the Central states (95%) and in the West (94%). Eastern and Southern states average about 87% membership.

Many doctors join A.M.A. as a matter of course; others say they join because they believe in its policies or because they derive positive values from membership. About a third (35%) of those who belong to A.M.A. say they join because it's customary and because it's the doctors' organization. Thirteen percent cite their belief in A.M.A. policies. About one in ten (9.7%) says he belongs in order to belong to his local society or to secure hospital affiliation. Seven percent join because they believe it is necessary.

Of the 10% who do not belong to A.M.A. 1% cite the cost, 1% ineligibility, 1% their newness to practice, 1% disagreement with policies, and 1% objections to the Association's legislative stand as their reasons for not belonging. Three

(Please turn to page 858)

ROSTER OF MEMBERS



Indiana State Medical Association



Woman's Auxiliary

July 1956

Price \$2.00

Published by
THE JOURNAL
1019 Hume Mansur Building
Indianapolis, Indiana



Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of members of the Indiana State Medical Association as of December 31, 1955, plus those who have become members between December 31, 1955 and June 1, 1956.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 1019 Hume Mansur Building, Indianapolis 4, Indiana. The cooperation of members is urgently requested.

ALPHABETICAL LIST OF MEMBERS

Name	City	County	Name	City	County
	A				
Aagesen, Walter J.	Anderson	Madison	Allen, L. Howard	Bedford	Lawrence
Abel, Joseph A.	South Bend	St. Joseph	Allen, Orris T. (S)	Terre Haute	Vigo
Abel, Robert	Wakarusa	Elkhart	Allen, Robert K.	Indianapolis	Marion
Abell, Charles F.	Marion	Grant	Allen, Robert T.	Richmond	Wayne-Union
Abramson, Allan L.	Gary	Lake	Almquist, Carl O.	Gary	Lake
Abreu, Benedict E.	Indianapolis	Marion	Altier, William H.	Fowler	Benton
Acher, Robert P.	Greensburg	Decatur	Alvey, Charles R.	Muncie	Delaware- Blackford
Acker, Robert B.	South Bend	St. Joseph	Alvis, Edmond O.	Indianapolis	Marion
Acre, Robert R. (S)	Evansville	Vanderburgh	Alward, John H.	Kokomo	Howard
Adair, Fred L. (H)	Maitland, Fla.	Porter	Ambrose, Jesse C.	Noblesville	Hamilton
Adair, Samuel L.	Jeffersonville	Clark	Ambrose, Kenneth E.	Carville, La.	Spencer
Adair, William K.	Crothersville	Jackson	Amick, Charles L.	Wakarusa	Elkhart
Adams, Daniel S. (S)	Indianapolis	Marion	Amini, Sohrab	A.P.O., N. Y.	Dubois
Adams, Julia L.	Muncie	Delaware- Blackford	Amos, Robert L.	New Castle	Henry
			Amstutz, Henry C.	Goshen	Elkhart
Adams, E. Wade	Fort Wayne	Allen	Amy, William E. (S)	Corydon	Harrison- Crawford
Adams, Max R.	Flora	Carroll			
Adams, William B.	Muncie	Delaware- Blackford	Anderson, James W.	Indianapolis	Marion
			Anderson, John B.	Vincennes	Knox
Adamski, Michael S.	Logansport	Cass	Anderson, John T.	Indianapolis	Marion
Addleman, Robert H.	Richmond	Wayne-Union	Anderson, Milton H.	Evansville	Vanderburgh
Ade, Charles H.	Lafayette	Tippecanoe	Anderson, Richard M.	Vincennes	Knox
Ade, Mary Keller	Lafayette	Tippecanoe	Anderson, Walter C.	Terre Haute	Vigo
Adkins, Harold C.	Indianapolis	Marion	Anderson, Wendell C.	Indianapolis	Marion
Adkins, Onan C.	Indianapolis	Marion	Antes, Earl H.	Ft. Belvoir, Va.	Vanderburgh
Adler, David L.	Columbus	Bartholomew- Brown			
			Antonetti, John A.	Evansville	Vanderburgh
Adler, Edmund R.	Dyer	Lake	Appel, Richard H.	Indianapolis	Marion
Adler, Raymond N.	Evansville	Vanderburgh	Apple, Eddie R.	Salem	Washington
Adney, Frank B., Jr.	Richmond	Wayne-Union	Applegate, Albert E.	Frankfort	Clinton
Aiken, Arthur F.	Fort Wayne	Allen	Apter, Julia T.	Whiting	Lake
Aiken, Milo M.	Plainfield	Hendricks	Arata, Justin E.	Fort Wayne	Allen
Aiken, Nevin E.	Fort Wayne	Allen	Arbeiter, Herbert I.	Hammond	Lake
Ake, Loren	Richmond	Wayne-Union	Arbogast, John L.	Indianapolis	Marion
Albertson, Frank P.	Indianapolis	Marion	Arbogast, Paul B.	Vincennes	Knox
Alcorn, Merritt O.	Madison	Jefferson- Switzerland	Arbuckle, William E.	Indianapolis	Marion
			Arford, John E.	Indianapolis	Marion
Alden, John O.	Shelbyville	Shelby	Arford, Roxford D.	Middletown	Henry
Alderfer, Henry	Marion	Grant	Arisman, Ralph K.	South Bend	St. Joseph
Aldrich, Harry D.	Indianapolis	Marion	Arlook, Theodore D.	Elkhart	Elkhart
Aldrich, Howard	Indianapolis	Marion	Armalavage, Leon J.	Gary	Lake
Alexander, Ezra D.	Indianapolis	Marion	Armington, Charles L.	Anderson	Madison
Alexander, John E.	Evansville	Vanderburgh	Armington, John C. (S)	Anderson	Madison
Alexander, Oliver O.	Terre Haute	Vigo	Armington, Robert L.	Anderson	Madison
Alexander, Percy M.	Martinsville	Morgan	Armstrong, Byron H.	Indianapolis	Marion
Alexander, Stephen J.	Crawfordsville	Montgomery	Armstrong, Thomas D.	Michigan City	La Porte
Alford, James A.	Hamilton	Steuben	Arendell, Robert E.	Evansville	Vanderburgh
Alger, George D.	Indianapolis	Marion	Arney, Amos	Michigan City	La Porte
Alig, Vincent B.	Topeka, Kan.	Marion	Arnold, Aaron L.	Indianapolis	Marion
Allegretti, Michael L.	Hammond	Lake	Arnold, Marion F.	East Chicago	Lake
Allen, Frederick K.	New Albany	Floyd	Arnold, Robert D.	Indianapolis	Marion
Allen, Hubert E.	Richmond	Wayne-Union	Aronson, Sidney S.	Indianapolis	Marion

Name	City	County	Name	City	County
Arrowsmith, James L.	Hammond	Lake	Barch, John W.	Fort Wayne	Allen
Arthur, Nora M. (S)	Washington	Daviess-Martin	Barclay, Irvin C.	Evansville	Vanderburgh
Artz, Richard W.	Angola	Steuben	Bard, Frank B.	Crothersville	Jackson
Asbury, William D. (S)	Terre Haute	Vigo	Barnes, Helen B.	Greenwood	Johnson
Ash, Harold H.	W. Lafayette	Tippecanoe	Barnett, Ralph E.	Peru	Miami
Ashcraft, John R.	Anderson	Madison	Barnhart, Willard T.	Evansville	Vanderburgh
Asher, Ernest O.	New Augusta	Marion	Barnum, Emerson	Shelbyville	Shelby
Asher, James W.	New Augusta	Marion	Barone, Carmelo V.	Mishawaka	St. Joseph
Ashmore, Herbert C.	Chesterton	Porter	Barrett, Thomas L.	Vincennes	Knox
Atchison, Kenneth C.	Rockport	Spencer	Barron, Elmer A.	East Chicago	Lake
Atkins, Clarence C.	Rushville	Rush	Barrow, John H.	Dale	Spencer
Ault, Carl H.	Kokomo	Howard	Barry, Maurice J.	Indianapolis	Marion
Ault, Roy	Terre Haute	Vigo	Bartholomew, Mary L.	Goshen	Elkhart
Aust, Charles H.	Terre Haute	Vigo	Bartle, James Leo	Indianapolis	Marion
Austin, Charles E.	Anderson	Madison	Bartlett, Donald T.	Indianapolis	Marion
Austin, Eugene W.	Evansville	Vanderburgh	Bartley, Max D.	Indianapolis	Marion
Austin, Maynard A. (S)	Anderson	Madison	Barton, Robert	Angola	Steuben
Austin, Richard P.	Bedford	Lawrence	Barton, Willoughby M.	Centerville	Wayne-Union
Avery, George O.	Indianapolis	Marion	Bash, Wallace E.	Fort Wayne	Allen
Ayres, Kenneth D.	Anderson	Madison	Baskett, Russell J.	Jonesboro	Grant
Ayres, Wendell W.	Marion	Grant	Bassett, Clancy (S)	Thorntown	Boone
			Bassett, Margaret	Thorntown	Boone
			Bassler, Carl R.	Mishawaka	St. Joseph
			Batman, Gordon W.	Indianapolis	Marion
			Battersby, J. Stanley	Indianapolis	Marion
			Batties, Paul A.	Indianapolis	Marion
			Bauer, Thomas B.	Indianapolis	Marion
			Baughn, William L.	Anderson	Madison
			Baum, Harry	Indianapolis	Marion
			Baum, John R.	Warsaw	Kosciusko
			Baumeister, Herbert E.	Indianapolis	Marion
			Baumgartner, Jeraldine	Northampton, Mass.	Allen
				Seymour	Jackson
			Baxter, Harry R.	New Albany	Floyd
			Baxter, James W.	Bloomington	Owen-Monroe
			Baxter, Neal E.	New Albany	Floyd
			Baxter, Samuel M.	Lafayette	Tippecanoe
			Bayley, William E.	Evansville	Vanderburgh
			Baylor, Edward M.	Wolcott	White
			Baynes, Frank L.	Indianapolis	Marion
			Beach, Robert R.	East Chicago	Lake
			Beam, Vernon B.	Indianapolis	Marion
			Beamer, Parker R.	Fort Wayne	Allen
			Beams, Ralph H.	Indianapolis	Marion
			Bean, Joseph S.	Vevay	Jefferson-Switzerland
			Bear, Lowery H. (S)	Frankfort	Clinton
				Frankfort	Clinton
			Beardsley, Frank A.	Indianapolis	Marion
			Beardsley, John F.	Rensselaer	Jasper-Newton
			Beasley, Thomas J. (S)	Indianapolis	Marion
			Beaver, Ernest R.	Indianapolis	Marion
				Berne	Adams
			Beaver, Howard W.	New Brunswick, N. J.	Lake
			Beaver, Norman E.	South Bend	St. Joseph
			Bechtol, Lavon D.	Monticello	White
				Indianapolis	Marion
			Bechtold, Samuel E.	Lebanon	Boone
			Beck, David C.	Evansville	Vanderburgh
			Beck, Evart M.	Indianapolis	Marion
			Beck, Herma A. (S)	Indianapolis	Marion
			Beck, Robert E.	Crown Point	Lake
			Becker, Harry G.	Vincennes	Knox
			Becker, Philip H.	Hammond	Lake
			Beckes, Ellsworth W.	Sullivan	Sullivan
			Beconovich, Robert	Anderson	Madison
			Bedwell, Marion H.	Indianapolis	Marion
			Beeler, Franklin K.	Indianapolis	Marion
			Beeler, John W.	Madison	Jefferson-Switzerland
			Beeler, Raymond C.	Evansville	Vanderburgh
			Beetem, Luther F.	Columbus	Bartholomew-Brown
				Gary	Lake
			Begley, Joseph W., Jr.	Gary	Lake
			Beggs, Lowell F.	Indianapolis	Marion
			Behn, Walter M., Jr.		
			Behn, Walter M.		
			Behnke, Roy H.		

Name	City	County	Name	City	County
Beierlein, Karl M.	Fort Wayne	Allen	Blackwell, Donald	Spencer	Owen-Monroe
Beilke, Clifford A.	East Chicago	Lake	Blake, Albert L.	Indianapolis	Marion
Belding, Ray T.	Kempton	Tipton	Blassaras, Chris	Anderson	Madison
Bell, Horace D.	South Bend	St. Joseph	Blatt, A. Ebner	Indianapolis	Marion
Bell, Odessa M. Khaton	Gary	Lake	Blazey, Arthur G.	Washington	Daviess-Martin
Belt, James H.	Indianapolis	Marion	Bleckley, James E.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake	Bledsoe, James G.	New Castle	Henry
Bender, Cecil K.	Goshen	Elkhart	Blessinger, Louis H.	Corydon	Harrison-Crawford
Bender, Martin G.	Evansville	Vanderburgh	Blessinger, Paul J.	Jasper	Dubois
Bender, Robert L.	Elkhart	Elkhart	Blichert, Peter A.	Fort Wayne	Allen
Bendler, Carl H.	Gary	Lake	Blix, Fred M.	Ladoga	Montgomery
Benedek, Tibor	East Chicago	Lake	Bloemker, Edward F.	Indianapolis	Marion
Benedict, Charles D.	LaGrange	LaGrange	Bloom, Asa W.	Marion	Grant
Benham, Lawrence E.	Bedford	Lawrence	Bloom, George R.	Elkhart	Elkhart
Benken, Lawrence D.	Indianapolis	Marion	Bloomer, Joseph R. (S)	Rockville	Parke-Vermillion
Bennett, Abner P.	Evansville	Vanderburgh	Bloomer, Richard S.	Rockville	Parke-Vermillion
Bennett, J. B.	Warren	Huntington	Blosser, Blaine A.	Fremont	Steuben
Bennett, Jene R.	South Bend	St. Joseph	Blosser, Howard V. (S)	Fort Wayne	Allen
Benninghoff, Daniel R.	Fort Wayne	Allen	Blossom, Paul W.	Richmond	Wayne-Union
Beno, Thomas J.	Muncie	Delaware-Blackford	Blum, Leon L.	Terre Haute	Vigo
Benoit, Merrill P.	Anderson	Madison	Boardman, Carl (S)	Gary	Lake
Benson, James E.	Elkhart	Elkhart	Boaz, John J. (S)	Indianapolis	Marion
Benz, Jesse	Marengo	Harrison-Crawford	Bobb, Kenneth E.	Seymour	Jackson
Benz, Owen F.	Wanatah	La Porte	Bodnar, Leslie M.	South Bend	St. Joseph
Bergan, Joseph A.	Michigan City	La Porte	Bogardus, Carl R.	Austin	Scott
Bergendahl, Emil H.	Fort Wayne	Allen	Boggs, Eugene F.	Indianapolis	Marion
Berger, Morley	Beech Grove	Marion	Bohner, Caryle B.	Hidalgo, Mexico	Marion
Berghoff, Raymond J.	Fort Wayne	Allen	Bolin, John T. (S)	Cedar Lake	Lake
Bergwall, Warren L.	Muncie	Delaware-Blackford	Bolin, Robert C.	Lafayette	Tippecanoe
Berke, Robert D.	South Bend	St. Joseph	Bolin, Robert S.	Elkhart	Elkhart
Berkebile, John B.	Peru	Miami	Boling, Grover C., Jr.	Indianapolis	Marion
Berman, Edward J.	Indianapolis	Marion	Bolman, Ralph M.	Fort Wayne	Allen
Berman, Jacob K.	Indianapolis	Marion	Bombar, Leslie E.	Hammond	Lake
Bernardi, Hugh	Hammond	Lake	Bonaventura, Angelo P.	East Chicago	Lake
Bernoske, Daniel G.	Michigan City	La Porte	Bond, Charles S. (S)	Richmond	Wayne-Union
Berton, William M.	Oceanside, Calif.	Marion	Bond, George S.	Indianapolis	Marion
Best, Robert C.	Whiting	Lake	Bond, Virginia	Indianapolis	Marion
Bethea, Dennis A.	Hammond	Lake	Bond, Walter C.	Clay City	Clay
Bethea, Robert O.	Farmersburg	Sullivan	Bond, William H.	Indianapolis	Marion
Beutler, Theodore V.	Fort Wayne	Allen	Bonsett, Charles A.	Indianapolis	Marion
Beverland, Malon E.	Indianapolis	Marion	Booher, Norman R.	Indianapolis	Marion
Biasini, Benedict A.	South Bend	St. Joseph	Booher, Olga Bonke	Indianapolis	Marion
Bibler, Henry E.	Muncie	Delaware-Blackford	Boonstra, Charles E.	Bluffton	Wells
Bibler, Lester D.	Indianapolis	Marion	Booth, Boynton H.	Indianapolis	Marion
Bichacoff, Billie D.	Fort Wayne	Allen	Bopp, Henry, Jr.	Terre Haute	Vigo
Bickel, David A.	South Bend	St. Joseph	Bopp, James	Terre Haute	Vigo
Bickel, John E. (S)	Fort Wayne	Allen	Borak, Walter J.	Gary	Lake
Bidney, Evelyn B.	Bloomington	Owen-Monroe	Borders, Theodore R.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart	Boren, Paul	Poseyville	Posey
Billings, Elmer R.	Elkhart	Elkhart	Boren, Samuel W. (S)	Poseyville	Posey
Bills, Robert N.	Gary	Lake	Borenstein, Herschel	Gary	Lake
Bird, Charles R. (S)	Indianapolis	Marion	Borland, Raymond M.	Bloomington	Owen-Monroe
Birdzell, John P.	Crown Point	Lake	Borough, Lester D.	South Bend	St. Joseph
Birmingham, Peter J.	South Bend	St. Joseph	Bosch, Ralph	Seymour	Jackson
Bishop, Charles A.	South Bend	St. Joseph	Bosenbury, Chas. S. (S)	Coral Gables, Fla.	St. Joseph
Bishop, Harry A.	Frankton	Madison	Bosler, Howard A.	Waterford Mills, mail Goshen	Elkhart
Bishop, Robert E.	Bluffton	Wells	Boswell, Robert W. C.	Evansville	Vanderburgh
Bissonnette, Roger P.	Evansville	Vanderburgh	Botkin, Clyde G.	Muncie	Delaware-Blackford
Bitler, Clyde C.	New Castle	Henry	Botkin, Thomas	Muncie	Delaware-Blackford
Bivin, James H.	Mooreville	Morgan	Bottorff, David C.	Charlestown	Clark
Bixler, Donald P.	Anderson	Madison	Boughman, Joseph D.	Kokomo	Howard
Bixler, Louis C.	South Bend	St. Joseph	Bowdoin, George E.	Elkhart	Elkhart
Bizer, Mier A.	Jeffersonville	Clark	Bowen, Otis R.	Bremen	Marshall
Bjorklund, C. Ray	Hobart	Lake	Bowers, Charles R.	Anderson	Madison
Black, Charles E.	Hammond	Lake	Bowers, Copeland C.	Kokomo	Howard
Black, Edgar K.	Wabash	Wabash	Bowers, Don D.	Indianapolis	Marion
Black, Joe M.	Seymour	Jackson	Bowers, Gah T.	Fort Wayne	Allen
Blackburn, Erwin	South Bend	St. Joseph			
Blackford, Florence	Indianapolis	Marion			
Blackford, Milforde	Hempstead, N. Y.	Marion			
Blackford, Ralph E.	Indianapolis	Marion			

Name	City	County	Name	City	County
Bowers, Garvey B.	Kokomo	Howard	Brown, Kenneth H.	New Albany	Floyd
Bowers, John A.	Kokomo	Howard	Brown, Leland G.	Muncie	Delaware-Blackford
Bowers, Jesse W.	Fort Wayne	Allen	Brown, Leo R.	Gary	Lake
Bowman, Charles M.	Albion	Noble	Brown, Marcel S.	Spencer	Owen-Monroe
Bowman, George W.	Indianapolis	Marion	Brown, Richard J.	Richmond	Wayne-Union
Bowser, Philip G.	Goshen	Elkhart	Brown, Robert L.	Evansville	Vanderburgh
Boyd, Charles S.	East Chicago	Lake	Brown, Robert M.	Marion	Grant
Boyd, H. Clark	Terre Haute	Vigo	Brown, Robert R.	Terre Haute	Vigo
Boyd, Harry R.	Denver, Colo.	Marion	Brown, Stewart D.	Albany	Delaware-Blackford
Boyd, Stella N.	Evansville	Vanderburgh	Brown, Thomas M.	Muncie	Delaware-Blackford
Boyer, Edward B.	Indianapolis	Marion	Brown, Wendell E.	Indianapolis	Marion
Boyer, Floyd A.	Indianapolis	Marion	Browning, James S.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant	Browning, William M.	Indianapolis	Marion
Boyer, Philip A.	Indianapolis	Marion	Brownley, Emma J.	Indianapolis	Marion
Boyle, Carroll	Poseyville	Posey	Brubaker, Harold S.	Huntington	Huntington
Boys, Frank F.	East Chicago	Lake	Brubaker, Ora G. (S)	North	Wabash
Boze, Robert L.	Berne	Adams	Bruce, Reginald A.	Manchester	Marion
Bradfield, John C. (S)	Logansport	Cass	Bruegge, Theodore J.	Indianapolis	Marion
Bradley, Charles F.	Hobart	Lake	Bruetsch, Walter L.	Kokomo	Howard
Bradley, Louis F.	Indianapolis	Marion		Monrovia, Calif.	Marion
Bradley, Stephen C. (S)	Terre Haute	Vigo	Bruggeman, Henry O. (S)	Fort Wayne	Allen
Brady, Kingdon	De Motte	Jasper-Newton	Bruner, Ralph W.	Jeffersonville	Clark
Brady, Samuel G.	Gary	Lake	Bryan, Franklin A.	Fort Wayne	Allen
Brady, Thomas A.	Indianapolis	Marion	Bryan, Robert E.	Kendallville	Noble
Brandman, Harry	Gary	Lake	Bryan, Robert J.	South Bend	St. Joseph
Brauchla, Carl H.	Anderson	Madison	Bryan, Stanton L.	Evansville	Vanderburgh
Brauer, Abraham A.	Gary	Lake	Buchanan, Wallace D.	South Bend	St. Joseph
Braun, Benjamin D.	Chicago, Ill.	Lake	Buche, Franklin P. (S)	Richmond	Wayne-Union
Braunlin, Robert F.	Marion	Grant	Buchholz, Ransom R.	Evansville	Vanderburgh
Braunlin, William H.	Marion	Grant	Buckingham, Richard E.	Bloomington	Owen-Monroe
Brayton, John R.	Indianapolis	Marion	Buckles, David L.	Anderson	Madison
Brayton, Lee	Indianapolis	Marion	Buckner, Doster	Fort Wayne	Allen
Brazelton, Osborne T.	Princeton	Gibson	Buckner, George D.	Fort Wayne	Allen
Brechtol, Harvey J.	South Bend	St. Joseph	Buckner, Joy F.	Bluffton	Wells
Brenner, Andrew M.	Winchester	Randolph	Buechler, William F.	Elwood	Madison
Brenton, Harold L.	Columbia	Whitley	Buechner, Frederick W.	South Bend	St. Joseph
	City		Buehler, George M.	Jeffersonville	Clark
Bretz, John M.	Huntingburg	Dubois	Buehner, Donald F.	Evansville	Vanderburgh
Brickley, Harry D.	Bluffton	Wells	Buell, Forrest R.	A.P.O., New York	Marion
Brickley, Richard A.	Chicago, Ill.	Wells	Buhrmester, Harry C.	Lafayette	Tippecanoe
Bridges, Alvin	Anderson	Madison	Bullard, Mattie J.	Gary	Lake
Bridges, William L.	Fort Wayne	Allen	Bunde, Carl A.	Indianapolis	Marion
Bridwell, Edgar	Bedford	Lawrence	Bunker, Ladoska Z.	North	Wabash
Briggs, Robert W.	Indianapolis	Marion		Manchester	
Brincko, John	Gary	Lake	Burcham, James B.	Gary	Lake
Bringas, Irineo B.	Gary	Lake	Burdette, Harold F.	Indianapolis	Marion
Brink, Calvin C.	Gary	Lake	Burge, Aaron D. (S)	Sweetzer	Grant
Briscoe, Clarence E. (S)	New Albany	Floyd	Burger, Robert A.	Gary	Lake
Britt, Robert	Evansville	Vanderburgh	Burghard, Rolla D.	Indianapolis	Marion
Britton, Welbon D.	Montezuma	Parke-Vermillion	Burk, James M.	Decatur	Adams
			Burkart, Oswald G.	Gary	Lake
Broach, R. Fred	Bluffton	Wells	Burket, Cecil R.	Bremen	Marshall
Brock, Earl E.	Anderson	Madison	Burkhardt, Boyd A.	Tipton	Tipton
Brockman, Wilfred	Corydon	Harrison-Crawford	Burkle, John C. (S)	Lafayette	Tippecanoe
			Burks, Jess E.	Crawfordsville	Montgomery
Brockmole, Arnold W.	Evansville	Vanderburgh	Burnett, Arthur B.	New Castle	Henry
Brodie, Donald W.	Indianapolis	Marion	Burns, John T.	Evansville	Vanderburgh
Bronson, Paul J.	Terre Haute	Vigo	Burnikel, Ray H.	Lafayette	Tippecanoe
Brooks, Harry L.	Michigan City	La Porte	Burns, Paul E.	Montpelier	Delaware-Blackford
Broomes, Edward L. C.	East Chicago	Lake	Burris, Floyd L.	Michigan City	La Porte
Broshears, Kenneth P.	Linton	Greene	Burroughs, Carroll A.	Frankfort	Clinton
Brosius, Robert H. W.	Fort Wayne	Allen	Burrous, E. Lee	Peru	Miami
Brown, Archie E.	Indianapolis	Marion	Burwell, Stanley W.	Muncie	Delaware-Blackford
Brown, David B.	Gary	Lake	Bush, Hargis R.	Cannelton	Perry
Brown, David E.	Indianapolis	Marion	Bush, Jack A.	W. Lafayette	Tippecanoe
Brown, Dewitt W.	Indianapolis	Marion	Bussard, Clifford F.	South Bend	St. Joseph
Brown, Edward A. (S)	Indianapolis	Marion	Bussard, Frank	South Bend	St. Joseph
Brown, Frances T.	Indianapolis	Marion	Butler, Joe B.	Crothersville	Jackson
Brown, Frank M.	Indianapolis	Marion			
Brown, Frederic W.	Fort Wayne	Allen			
Brown, George E.	Greenwood	Johnson			
Brown, Gordon T.	Indianapolis	Marion			
Brown, James A., Jr.	Evansville	Vanderburgh			
Brown, James C.	Valparaiso	Porter			
Brown, James M.	Anderson	Madison			
Brown, John S.	Carlisle	Sullivan			

Name	City	County	Name	City	County
Butler, John O.	Indianapolis	Marion	Challman, William B.	Mt. Vernon	Posey
Butler, Robert M.	Indianapolis	Marion	Chambers, Alan R.	Fort Wayne	Allen
Butterfield, Robert M.	Muncie	Delaware- Blackford	Chambers, Leroy B.	Union City	Randolph
Butts, Milton A.	South Bend	St. Joseph	Chamblee, Roland W.	South Bend	St. Joseph
Buttz, Rose J. P. (S)	Indianapolis	Marion	Champion, John P.	Grand Rapids, Mich.	Marion
Byrn, Howard W.	New Albany	Floyd	Chandler, Earl L.	Indianapolis	Marion
Byrne, John M.	Delphi	Carroll	Chandler, Leon H.	Goshen	Elkhart
Byrne, Robert J.	Bicknell	Knox	Chappel, Alfred T.	Franklin	Johnson
C			Chappell, Harold R.	Oakland City	Gibson
Cacia, John J.	Evansville	Vanderburgh	Charles, Henry L.	Indianapolis	Marion
Cagle, Bob R.	Indianapolis	Marion	Chattin, Herbert O.	Vincennes	Knox
Cahn, Hugo M.	Indianapolis	Marion	Chattin, Robert E.	Loogootee	Daviess- Martin
CaJacob, Melville E.	Terre Haute	Vigo	Chattin, William R.	Indianapolis	Marion
Caldwell, Marilyn R.	Indianapolis	Marion	Chattin, Vance J.	Washington	Daviess- Martin
Caldwell, Milton V.	Terre Haute	Vigo	Chen, Hsi-Sheng Yue	Gary	Lake
Caldwell, William C.	Evansville	Vanderburgh	Chen, Ko K.	Indianapolis	Marion
Call, Earle B.	Knightstown	Henry	Cheydleur, Eleanor P.	Evansville	Vanderburgh
Call, Herbert F.	Indianapolis	Marion	Chernish, Stanley M.	Indianapolis	Marion
Callaghan, Winship C.	Greensburg	Decatur	Chevalier, Robert A.	Indianapolis	Marion
Callahan, Richard H.	East Chicago	Lake	Chevigny, Julius J.	Gary	Lake
Calli, Louis	North Vernon	Jennings	Chidlaw, Benjamin W.	Hammond	Lake
Calvert, Raymond R.	Lafayette	Tippecanoe	(S)		
Calvin, Jessie C. (S)	Fort Wayne	Allen	Childs, Alpha G. W. (S)	Madison	Jefferson- Switzerland
Cameron, Don F.	Angola	Steuben	Childs, Wallace E.	Madison	Jefferson- Switzerland
Cameron, Mary H.	Angola	Steuben	Chivington, Paul V.	Indianapolis	Marion
Campagna, Ettore A.	East Chicago	Lake	Christian, William A.	Indianapolis	Marion
Campbell, Guy G.	Munster	Lake	Christophel, Verna	Mishawaka	St. Joseph
Campbell, John A.	Indianapolis	Marion	Chroniak, Walter	Indianapolis	Marion
Campbell, Sam W.	Noblesville	Hamilton	Clancy, James F.	Hammond	Lake
Canaday, Clifford E. (S)	New Castle	Henry	Clark, Cecil P.	Indianapolis	Marion
Canaday, James W. (S)	Indianapolis	Marion	Clark, Fred O.	Syracuse	Kosciusko
Canganelli, Vincent G.	Indianapolis	Marion	Clark, George A.	Hampton, Va.	Marion
Cannon, Daniel H.	New Albany	Floyd	Clark, Ivan A.	Paoli	Orange
Caplin, Irvin	Indianapolis	Marion	Clark, Lawson J.	Indianapolis	Marion
Caplin, Samuel S.	Indianapolis	Marion	Clark, Marion E.	Cambridge City	Wayne-Union
Carberry, George A.	Gary	Lake	Clark, Robert M.	Muncie	Delaware- Blackford
Carbone, Joseph A.	Gary	Lake	Clark, Stanley A. (S)	South Bend	St. Joseph
Carey, Willis W. (S)	Fort Wayne	Allen	Clark, William B., Jr.	Jeffersonville	Clark
Carlberg, Dale L.	Jeffersonville	Clark	Clark, William H.	South Bend	St. Joseph
Carleton, Edward H.	East Chicago	Lake	Clark, William R.	Fort Wayne	Allen
Carlin, James F.	Hammononton, N. J.	Marion	Clarke, Elton R.	Kokomo	Howard
Carlo, Ernest R.	Fort Wayne	Allen	Clarkson, Clarence G.	Liberty	Wayne-Union
Carlo, Joseph F.	Hammond	Lake	Clay, Eleanor	Columbus	Bartholomew- Brown
Carlson, Edward A. (S)	Peru	Miami	Claybourn, Norman L.	East Chicago	Lake
Carlson, Norman R.	Michigan City	La Porte	Clauser, Eldo H. M.	Muncie	Delaware- Blackford
Carlyle, Ivan E. (S)	Michigantown	Clinton	Clements, Albert F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake	Cleveland, John B.	Michigan City	La Porte
Carneal, Thomas E.	Winamac	Pulaski	Clevenger, Joseph H.	Muncie	Delaware- Blackford
Carney, Joel T.	Jeffersonville	Clark	Clevinger, William G.	Indianapolis	Marion
Carney, John C.	Monticello	White	Cline, Kenneth L.	Wyatt	St. Joseph
Carpenter, John L.	Alexandria	Madison	Close, W. Donald	Indianapolis	Marion
Carpentier, Harry F.	Princeton	Gibson	Clouse, Paul A.	Evansville	Vanderburgh
Carrel, Francis E.	Frankfort	Clinton	Clunie, William A.	Huntington	Huntington
Carroll, Bertha Rose	W. Lafayette	Tippecanoe	Cobb, Clarence M.	Indianapolis	Marion
Carroll, John C.	Decatur	Adams	Coble, Frank H.	Richmond	Wayne-Union
Carroll, Mary E.	Crown Point	Lake	Coble, Ralph R. (S)	Indianapolis	Marion
Carson, Wayne	Indianapolis	Marion	Cochran, Harry A., Jr.	Fort Wayne	Allen
Carter, F. R. Nicholas	South Bend	St. Joseph	Cochran, Robert B.	Muncie	Delaware- Blackford
Carter, Fred S.	La Porte	La Porte	Cockrum, William M.	Evansville	Vanderburgh
Carter, Jean V.	Tipton	Tipton	Coddens, Avery L.	Earl Park	Benton
Carter, Oren E.	Indianapolis	Marion	Coffel, Melvin H.	Vincennes	Knox
Cartwright, Emor L.	Fort Wayne	Allen	Coggeshall, Warren E.	Indianapolis	Marion
Cartwright, Jack D.	La Porte	La Porte	Cohen, Ellen K.	Hebron	Porter
Casebeer, Paul B.	Clinton	Parke- Vermillion	Cohen, Hyman L.	Hebron	Porter
Casey, Stanley M.	Huntington	Huntington	Cohen, Irving	Plainfield	Hendricks
Cassady, James V.	South Bend	St. Joseph	Cohn, Alvin F.	Indianapolis	Marion
Cattell, Lee M.	Kokomo	Howard	Cole, Ira	Lafayette	Tippecanoe
Cavitt, Robert F.	Connersville	Fayette- Franklin			
Cavins, Alexander W.	Terre Haute	Vigo			
Caylor, Harold D.	Bluffton	Wells			
Caylor, Truman E.	Bluffton	Wells			
Chael, Thomas C.	Hammond	Lake			

Name	City	County	Name	City	County
Cole, William L.	Evansville	Vanderburgh	Cox, Leon T.	Richmond	Wayne-Union
Coleman, Floyd B.	Waterloo	DeKalb	Cox, Wayne T.	Lafayette	Tippecanoe
Coleman, Henry G.	Odon	Daviess- Martin	Coyner, Alfred B.	Lafayette	Tippecanoe
Coleman, John H.	Washington, D. C.	Marion	Craft, Kenneth L.	Indianapolis	Marion
Coleman, Joseph E.	Evansville	Vanderburgh	Craft, William F.	Linton	Greene
Coles, Alfred L.	Gary	Lake	Craig, Alexander F.	New Castle	Henry
Colip, George D.	South Bend	St. Joseph	Craig, Reuben	Kokomo	Howard
Collins, Hubert L.	Indianapolis	Marion	Craig, Reuben A.	Kokomo	Howard
Collins, James N.	Indianapolis	Marion	Craig, Robert A.	Syracuse	Kosciusko
Collins, Le Roy	Gary	Lake	Crain, James W.	Williamsport	Fountain- Warren
Colosey, Frederick J.	South Bend	St. Joseph	Crampton, Chas. C. (S)	Delphi	Carroll
Combs, Charles N.	Terre Haute	Vigo	Crandall, Latham A.	Elkhart	Elkhart
Combs, Herman T.	Evansville	Vanderburgh	Crawford, James H.	Evansville	Vanderburgh
Combs, John H.	Evansville	Vanderburgh	Crawford, John A.	Indianapolis	Marion
Combs, Loyal W.	West Lafayette	Tippecanoe	Crawford, Theodore R.	Kokomo	Howard
Combs, Pearl B.	Evansville	Vanderburgh	Creek, Jean A.	Bloomington	Owen-Monroe
Combs, Stuart R.	Terre Haute	Vigo	Crevello, Albert J.	Evansville	Vanderburgh
Comeau, William J.	Marion	Grant	Crimm, Paul D.	Evansville	Vanderburgh
Comer, Kenneth E.	Mooresville	Morgan	Cring, George V.	Portland	Jay
Compton, George	Tipton	Tipton	Cripe, Earl P.	Bremen	Marshall
Compton, Walter A.	Elkhart	Elkhart	Cripe, William	Portland	Jay
Condit, David H.	South Bend	St. Joseph	Crist, John R.	Mt. Vernon	Posey
Congleton, George C. (S)	Terre Haute	Vigo	Crockett, Franklin S.	West Lafayette	Tippecanoe
Conklin, James O.	Terre Haute	Vigo	Crow, Earl	South Bend	St. Joseph
Conklin, Raymond L.	Elkhart	Elkhart	Crowder, James H., Jr.	Sullivan	Sullivan
Conley, John E.	Fort Wayne	Allen	Crowley, Joseph B.	South Bend	St. Joseph
Conley, Joseph L.	Indianapolis	Marion	Crum, Marion M.	Angola	Steuben
Conley, Thomas M.	Kokomo	Howard	Culbertson, Carl S.	South Bend	St. Joseph
Connell, Paul S.	Plymouth	Marshall	Culbertson, Clyde G.	Indianapolis	Marion
Connell, Vactor O.	Bourbon	Marshall	Cullen, Paul K.	Indianapolis	Marion
Connoy, Andrew F.	Westfield	Hamilton	Cullison, Charles W.	Vincennes	Knox
Connoy, Leo F.	Westfield	Hamilton	Cullison, John L.	Muncie	Delaware- Blackford
Conrad, Henry W.	Milan	Ripley	Cullnane, Chris W.	Evansville	Vanderburgh
Conway, Chester C.	Indianapolis	Marion	Culloden, William G.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion	Culmer, Walter N. (S)	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo	Culp, John E.	Fort Wayne	Allen
Cook, Charles E.	North Manchester	Wabash	Cummings, David J. (S)	Brownstown	Jackson
Cook, Elbert C. (S)	Bradenton, Fla.	Jefferson- Switzerland	Cunningham, Robert D.	Marion	Grant
Cook, George M.	Hammond	Lake	Cure, Charles W.	Indianapolis	Marion
Cook, Gordon C.	South Bend	St. Joseph	Cure, Elmer T.	Muncie	Delaware- Blackford
Cook, Norman R.	Richmond	Wayne-Union	Currie, Robert W.	Indianapolis	Marion
Cook, Robert G.	Bluffton	Wells	Curry, Claude A.	Terre Haute	Vigo
Cooksey, Thomas L. (S)	Crawfordsville	Montgomery	Curry, R. Louis	Indianapolis	Marion
Cooney, Charles J.	Fort Wayne	Allen	Curtner, Myron L.	Vincennes	Knox
Coons, John D.	Lebanon	Boone	Custer, Edward W.	South Bend	St. Joseph
Coons, Ritchie	Lebanon	Boone	Cuthbert, Marvin P.	Indianapolis	Marion
Cooper, Harry L.	South Bend	St. Joseph	Cutshaw, James A.	Monroeville	Allen
Cooper, Leo K.	Gary	Lake	Czenkusch, Helen G.	Indianapolis	Marion
Cooper, Thomas L.	Logansport	Cass		D	
Cope, Stanton E.	Huntington	Huntington	Daggy, James R.	Richmond	Wayne-Union
Copeland, Samuel J. (S)	Indianapolis	Marion	Dagley, Hubert	Columbus	Bartholomew- Brown
Corcoran, Patrick J. V.	Evansville	Vanderburgh	Dahling, Clemens W.	New Haven	Allen
Cormican, Herbert L.	Elkhart	Elkhart	Dainko, Alfred J.	East Chicago	Lake
Cornacchione, Matthew	Indianapolis	Marion	Dale, Joseph W.	Chesterton	Porter
Cornell, Beaumont S.	Fort Wayne	Allen	Dale, Maxwell H.	Connersville	Fayette- Franklin
Cornell, Robert A.	Crawfordsville	Montgomery	Daley, Edward H.	Indianapolis	Marion
Corpe, Kenneth F.	Rushville	Rush	Dallas, Fred R.	Indianapolis	Marion
Corrao, Gaetano	Hammond	Lake	Dalton, John E.	Indianapolis	Marion
Correntino, Bart	Vincennes	Knox	Dalton, William W.	Indianapolis	Marion
Cortese, James V.	Indianapolis	Marion	Dalton, Wilson L.	Shelbyville	Shelby
Cortese, Thomas A.	Indianapolis	Marion	Daly, Joseph M.	Indianapolis	Marion
Costello, Albert J.	Hammond	Lake	Damiana, Pasquale G.	Peru	Miami
Cotter, Edward R.	East Chicago	Lake	Dancer, Charles R. (S)	Fort Wayne	Allen
Coulson, Sewell B. (S)	Waldron	Shelby	Daniel, John C.	Indianapolis	Marion
Coultas, Porter J.	Tell City	Perry	Daniel, Robert A.	Gary	Lake
Countryman, Frank W.	Indianapolis	Marion	Danieleski, Ladislaus J.	Gary	Lake
Coursey, James O.	Goodland	Jasper- Newton	Daniels, Erle O. (S)	Marion	Grant
Covalt, Wendell E.	Muncie	Delaware- Blackford	Daniels, George R. (S)	Marion	Grant
Covell, Harry M.	Auburn	DeKalb	Danielson, Harry E., Jr.	Plymouth	Marshall
Cox, Clifford E.	Indianapolis	Marion	Dannacher, William D.	Wabash	Wabash
			Dare, Lee A.	Jeffersonville	Clark
			Darling, Dorothy	Gary	Lake

Name	City	County	Name	City	County
Datzman, Richard C.	Fort Wayne	Allen	Dickerson, W. Martin	Monticello	White
Daubenheyer, Miles F. (S)	Butlerville	Jennings	Dickey, William M.	Pendleton	Madison
Daugherty, Fred N.	Crawfordsville	Montgomery	Dickinson, Gordon A.	Petersburg	Pike
Daves, William L.	Evansville	Vanderburgh	Dickson, Dale D.	Greensburg	Decatur
Davidoff, Manuel A.	Ossian	Wells	Dieckman, Herbert S.	Evansville	Vanderburgh
Davidson, Dale A.	In Service	Marion	Diefendorf, Charles F. (S)	Evansville	Vanderburgh
Davidson, Harold H.	Evansville	Vanderburgh	Dielman, Franklin C. (S)	Fulton	Fulton
Davidson, N. Cort	Indianapolis	Marion	Dierolf, Edward J.	Gary	Lake
Davies, Robert	New Castle	Henry	Dieter, William J.	Westville	LaPorte
Davis, Alice Hall	Hammond	Lake	Dietl, Ernest L.	South Bend	St. Joseph
Davis, Carl M.	Valparaiso	Porter	Dill, Charles W.	Indianapolis	Marion
Davis, Claude E.	Milltown	Harrison-Crawford	Dill, Myron K.	Indianapolis	Marion
Davis, Edgar C.	Muncie	Delaware-Blackford	Dillman, Carl E.	Corydon	Harrison-Crawford
Davis, Howard B.	Lafayette	Tippecanoe	Dilts, Robert L.	Indianapolis	Marion
Davis, John A.	Flat Rock	Shelby	Dimmett, Robert P.	Boonville	Warrick
Davis John A.	Indianapolis	Marion	Dingle, Paul E.	Richmond	Wayne-Union
Davis, John C.	Logansport	Cass	Dininger, William S.	Winchester	Randolph
Davis, Joseph B.	Marion	Grant	Dintaman, Paul G.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown	Dirks, Kenneth R.	San Francisco, Calif.	Marion
Davis, Merle J.	Terre Haute	Vigo	Dittmer, Jack E.	Valparaiso	Porter
Davis, Merrill S.	Marion	Grant	Dittmer, Thomas L.	Valparaiso	Porter
Davis, Neal	Gary	Lake	Dittton, Irwin W. (S)	Fort Wayne	Allen
Davis, Parvin M.	New Albany	Floyd	Dixon, Rex W.	Anderson	Madison
Davis, Richard	Marion	Grant	Dobbins, Thomas	Greencastle	Putnam
Davis, Sam J.	Indianapolis	Marion	Dobbs, Otto R.	Greencastle	Putnam
Davis, William H.	New Market	Montgomery	Dodd, Robert D.	South Bend	St. Joseph
Day, William D. C.	Seymour	Jackson	Dodd, Roberts K.	Evansville	Vanderburgh
Deal, Eleanor H.	Speedway City	Marion	Dodds, James U.	Hartford City	Delaware-Blackford
Dean, Donald I.	Rushville	Rush	Dodds, Wemple	Crawfordsville	Montgomery
Dearmin, Robert M.	Indianapolis	Marion	Doenges, James L.	Anderson	Madison
DeArmond, Murray	Indianapolis	Marion	Doherty, Raymond J.	Crown Point	Lake
Decker, Harvey B.	Terre Haute	Vigo	Dolezal, Bernard J.	South Bend	St. Joseph
DeDario, Leonard M.	Elkhart	Elkhart	Dollens, Claude	Oolitic	Lawrence
Deems, Myers B.	Evansville	Vanderburgh	Dome, Hardin S. (S)	Tell City	Perry
Deever, John W.	Indianapolis	Marion	Donahue, Claude M.	Carmel	Hamilton
DeFries, John J.	New Paris	Elkhart	Donahue, George R.	Lafayette	Tippecanoe
DeGrazia, Eugene J.	Valparaiso	Porter	Donaldson, Frank C.	Anderson	Madison
DeHaven, Harry E.	Pleasantville, N. Y.	Rush	Donato, Albert M.	Indianapolis	Marion
DeMotte, C. Bowen	Indianapolis	Marion	Donchess, Joseph C.	Gary	Lake
DeNaut, James F.	Knox	Starke	Donnelly, Everett F.	South Bend	St. Joseph
Denham, Robert H.	South Bend	St. Joseph	Doran, J. Hal	Indianapolis	Marion
Dennison, Alfred D., Jr.	Indianapolis	Marion	Dorman, Willis L.	Indianapolis	Marion
Denny, E. Rankin	Terre Haute	Vigo	Dorrance, Thomas O.	Bluffton	Wells
Denny, Edgar C.	Milton	Wayne-Union	Doughty, Samuel R., Jr.	Indianapolis	Marion
Denny, Forrest L.	Indianapolis	Marion	Douglas, George R. (S)	Valparaiso	Porter
Denny, Frank T.	Ladoga	Montgomery	Douglas, John J.	Terre Haute	Vigo
Denny, James W.	Indianapolis	Marion	Douglas, William T.	Montpelier	Delaware-Blackford
Denny, Melvin H.	Rushville	Rush	Dovey, Edward G.	Elkhart	Elkhart
Denton, Larkin D.	Greentown	Howard	Dowd, Joseph A.	Indianapolis	Marion
Denzer, Edward K.	Evansville	Vanderburg	Dowell, Emil H.	Rockville	Parke-Vermillion
Denzer, William O.	Evansville	Vanderburgh	Downard, Leland F.	Gaston	Delaware-Blackford
Deppe, Charles F.	Franklin	Johnson	Dragoo, Farrol	Middletown	Henry
DeRenne, William L.	Newport	Parke-Vermillion	Drake, Dale W.	Evansville	Vanderburgh
Derhammer, George L.	Brookston	White	Drake, John C.	Anderson	Madison
DesJean, Paul A.	Indianapolis	Marion	Drake, Marion C.	Elwood	Madison
Dest, Paul	Coronado, Calif.	Lake	Draper, Merlin H.	St. Petersburg, Fla.	Allen
Dester, Herbert E.	Jagdeeshpur, India	Marion	Dreyer, Ralph W.	Richmond	Wayne-Union
DeTar, George B. (S)	Winslow	Pike	Dryden, Gale E.	Indianapolis	Marion
Detrick, Herbert W.	Alamo, Tex.	Lake	Dublin, Madeline P.	Francesville	Pulaski
Dettloff, Frederick	Greencastle	Putnam	DuBois, Charles C. (S)	Warsaw	Kosciusko
Deutsch, William	Muncie	Delaware-Blackford	DuBois, Ramon B.	Lafayette	Tippecanoe
DeWees, Dwight L.	Indianapolis	Marion	Dudding, Joseph E.	Hope	Bartholomew-Brown
Dewey, George W. (S)	Lafayette	Tippecanoe	Dudgeon, Charles A.	Hartford City	Delaware-Blackford
DeWitt, Charles H. (S)	Valparaiso	Porter	Duemling, Arnold H.	Fort Wayne	Allen
Diamond, Leo	Marion	Grant	Duffield, John R.	Ft. Sam Houston, Texas	Clark
Dian, August J.	Gary	Lake	Dugan, William M.	Indianapolis	Marion
Dian, Julia G.	Gary	Lake			

Name	City	County
Duggan, James A.	South Bend	St. Joseph
Dukes, Betty	Dugger	Sullivan
Dukes, David A.	Tell City	Perry
Dukes, Frederic M.	Dugger	Sullivan
Dukes, Joe E.	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dunbar, Colin V.	Indianapolis	Marion
Duncan, John S.	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Ferrell W.	Muncie	Delaware- Blackford
Dunning, Lehman M.	Indianapolis	Marion
Dunstone, Harry C.	Fort Wayne	Allen
Dupes, Lowell E.	Indianapolis	Marion
DuPuy, Charles M. (S)	Riley	Vigo
Durham, Lowell J.	La Porte	La Porte
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchess, C. Toney	Galveston	Cass
Dutchman, William R.	Chandler	Warrick
DuVall, William N. (S)	Mishawaka	St. Joseph
Dyar, Edwin W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuisen, Theodore A.	Frankfort	Clinton

E

Eades, R. Charles	Indianapolis	Marion
Eades, Ralph C.	Valparaiso	Porter
Earl, Max M.	Kokomo	Howard
Earp, Evanson B.	Indianapolis	Marion
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Greenwood	Johnson
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne	Indianapolis	Marion
Eberwein, John H.	Indianapolis	Marion
Ebin, Judah L.	South Bend	St. Joseph
Eby, Ida L. (S)	Warren	Huntington
Echsner, Herman J.	Columbus	Bartholomew- Brown
Eckert, Russell A.	Logansport	Cass
Edlavitch, Baruch M.	Fort Wayne	Allen
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Edward T., Jr.	Vincennes	Knox
Edwards, William F.	New Albany	Floyd
Egan, Sherman	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Eggers, Ernest L.	Hammond	Lake
Eggers, Henry W.	Hammond	Lake
Eggers, Richard	Crawfordsville	Montgomery
Egnatz, Nicholas	Baltimore, Md.	Lake
Ehrich, William S. (S)	Evansville	Vanderburgh
Ehrman, Calder D. (S)	Rockport	Spencer
Eicher, Palmer O.	Indianapolis	Marion
Eifert, Elmer E.	Alfordsville	Daviess- Martin
Eikenberry, Hugh W.	Indianapolis	Marion
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eisterhold, John A.	Evansville	Vanderburgh
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elledge, Ray	Hammond	Lake
Ellerbrook, George E.	Vevay	Jefferson- Switzerland
Ellett, John, Jr.	Coatesville	Hendricks
Elliott, John C. (S)	Guilford	Dearborn-Ohio
Elliott, Lloyd A.	Elkhart	Elkhart
Elliott, Ralph A.	Gary	Lake
Elliott, Thomas A.	Elkhart	Elkhart

Name	City	County
Ellis, Davis W.	Rushville	Rush
Ellis, George M.	Connersville	Fayette- Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W.	Anderson	Madison
Ellis, William N.	Indianapolis	Marion
Ellison, Alfred	South Bend	St. Joseph
Elshout, Clem H.	La Porte	La Porte
Elsner, Lawrence W.	Seymour	Jackson
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W.	Fort Wayne	Allen
Elston, Ralph W.	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Emenhiser, Donald C.	Upper Mont- clair, N. J.	Allen
Emenhiser, John L.	Fort Wayne	Allen
Emery, Charles B.	Bedford	Lawrence
Emhardt, John T.	Indianapolis	Marion
Emhardt, John W. A.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Endicott, Wayne	Greenfield	Hancock
Enerson, Daniel M.	Muncie	Delaware- Blackford
Engel, Edward L.	Evansville	Vanderburgh
Engeler, James E.	Lafayette	Tippecanoe
Engle, Russell B.	Winchester	Randolph
Engleman, Harry K. (S)	Georgetown	Floyd
English, Herbert M.	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Richmond	Wayne-Union
Ensminger, Leonard A. (S)	Indianapolis	Marion
Entner, Charles L.	Connersville	Fayette- Franklin
Episcopo, Arsenius R.	Salem	Washington
Erdel, Milton W.	Frankfort	Clinton
Erehart, Archie D.	Anderson	Madison
Erehart, Mark G.	Huntington	Huntington
Ericksen, Lester G.	South Bend	St. Joseph
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ernst, Helmuth C.	East Chicago	Lake
Erxleben, Walter O.	Batesville	Ripley
Espy, Theodore R.	Gary	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke- Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B.	Huntington	Huntington
Ewing, Nathaniel D.	Vincennes	Knox

F

Fagaly, William J.	Lawrenceburg	Dearborn-Ohio
Failey, Robert B.	Indianapolis	Marion
Faith, Ira L.	Evansville	Vanderburgh
Faltin, Ladislaus	South Bend	St. Joseph
Fargher, Francis M.	Michigan City	La Porte
Fargher, Robert A.	La Porte	La Porte
Farner, James E.	Mishawaka	St. Joseph
Farnsworth, Samuel A.	La Porte	La Porte
Farr, James C.	Paragon	Morgan
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Washington	Daviess- Martin
Faul, Henry J.	Evansville	Vanderburgh
Faulkner, Donald J.	Hammond	Lake
Fausset, C. Basil	Indianapolis	Marion
Faw, Melvin L.	Evansville	Vanderburgh
Feferman, Martin E.	South Bend	St. Joseph
Feinn, Harry S.	La Porte	La Porte
Feldman, Max	South Bend	St. Joseph
Fender, Asa H.	Worthington	Greene
Fenneman, Robert J.	Evansville	Vanderburgh
Ferguson, Arthur N.	Fort Wayne	Allen

Name	City	County	Name	City	County
Ferguson, William B.	Lafayette	Tippecanoe	Fox, C. Philip	Washington	Daviess-Martin
Ferrara, Donald W.	Peru	Miami	Fox, Jack	Hammond	Lake
Ferrara, Joseph F.	Franklin	Johnson	Fox, Maurice S.	Vincennes	Knox
Ferrara, Samuel J.	Peru	Miami	Foy, Hayward W.	Fort Wayne	Allen
Ferrell, Mars B.	Fortville	Hancock	Frank, Herbert	South Bend	St. Joseph
Ferry, Francis A.	Indianapolis	Marion	Frank, John R.	Valparaiso	Porter
Ferry, John L.	Whiting	Lake	Frank, Lyall L.	South Bend	St. Joseph
Ferry, Paul W.	Kokomo	Howard	Frankhouser, Charles M. A.	Fort Wayne	Allen
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio	Franklin, Philip L.	Gary	Lake
Fichman, Abraham M.	Fort Wayne	Allen	Franklin, William L.	Indianapolis	Marion
Fickas, Dallas	Evansville	Vanderburgh	Frankowski, Clementine	Whiting	Lake
Fields, Don C.	Indianapolis	Marion	Frantz, Mount E.	Bryan A.F.B., Texas	Hendricks
Filipek, Walter J.	South Bend	St. Joseph	Frasch, Mahlon G.	Lafayette	Tippecanoe
Fine, Nathaniel J.	Indianapolis	Marion	Frash, De Von W.	South Bend	St. Joseph
Finfrock, James D.	Fayetteville, Ark.	Marion	Frazier, Jack L.	Kokomo	Howard
Finneran, Joseph C.	Indianapolis	Marion	Freeborn, Warren S.	New York, N. Y.	Marion
Fipp, August L.	Rome City	Noble	Freed, John E., Jr.	Terre Haute	Vigo
Firestein, Ben Z.	South Bend	St. Joseph	Freed, John E.	Terre Haute	Vigo
Firestein, Ray	South Bend	St. Joseph	Freeland, Bill	Batesville	Ripley
Fisch, Charles	Indianapolis	Marion	Freeman, Floyd M.	Goshen	Elkhart
Fischer, Albert A.	Indianapolis	Marion	Freeman, Leslie W.	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake	Freeman, Max E.	Indianapolis	Marion
Fischer, Carlton N.	La Porte	La Porte	Frey, Harley B.	Lafayette	Tippecanoe
Fischer, Warren E.	Anderson	Madison	Frey, William B.	South Bend	St. Joseph
Fish, Clyde M. (S)	South Bend	St. Joseph	Friedman, Isadore E.	Hammond	Lake
Fish, Edson C.	South Bend	St. Joseph	Friedman, Morris S.	South Bend	St. Joseph
Fisher, Frank C.	Indianapolis	Marion	Friedrich, Louis M. (S)	Hobart	Lake
Fisher, Gerald E.	Cleveland, Ohio	Marion	Frith, Louis G.	South Bend	St. Joseph
Fisher, Henry	Marion	Grant	Fritsch, Louis E. (S)	Evansville	Vanderburgh
Fisher, John E.	Attica	Fountain-Warren	Fromhold, Willis A.	Indianapolis	Marion
Fisher, John E.	Newcastle	Henry	Frost, Robert J.	Michigan City	La Porte
Fisher, Lawrence F.	South Bend	St. Joseph	Fruth, Rodney B.	Connersville	Fayette-Franklin
Fisher, Walter S.	Columbus	Bartholomew-Brown	Fruth, Virgil J.	Connersville	Fayette-Franklin
Fisher, William C.	Evansville	Vanderburgh	Fry, Robert D.	Indianapolis	Marion
Fitzgerald, Brice E.	Logansport	Cass	Fujawa, Matthew J.	Mishawaka	St. Joseph
Fitz Gerald, Maurice D.	Evansville	Vanderburgh	Fullerton, Robert L.	Monticello	White
Fitzgerald, William J.	Indianapolis	Marion	Fultz, Roy L.	Salem	Washington
Fitzpatrick, Harry W.	Elwood	Madison	Funk, John W.	Muncie	Delaware-Blackford
Fitzpatrick, James S.	Portland	Jay	Funkhouser, Elmer	Indianapolis	Marion
Flack, Russell A.	Lafayette	Tippecanoe	Fuqua, Harold B.	Terre Haute	Vigo
Flaherty, Walter T.	Michigan City	La Porte	Furgason, Paul C.	Indianapolis	Marion
Flanagan, Estle P.	Walton	Cass	Fuson, Wenfred J.	Greencastle	Putnam
Flanagan, Paul M.	Indianapolis	Marion	Futterknecht, James O.	Elkhart	Elkhart
Flanders, Robert J.	Indianapolis	Marion			
Flanigan, Meredith B.	Indianapolis	Marion			
Flannigan, Harley F.	LaGrange	LaGrange			
Fleetwood, Raymond A.	Nappanee	Elkhart			
Fleischer, Jacob C.	East Chicago	Lake			
Fleischl, Herbert	Indianapolis	Marion			
Fleming, Claude F. (S)	Elkhart	Elkhart			
Fletcher, Charles F. (S)	Sunman	Ripley			
Flick, John J.	Indianapolis	Marion			
Flora, Fred	Frankfort	Clinton			
Flora, Joseph O.	Indianapolis	Marion			
Folck, John K.	Princeton	Gibson			
Folkening, Norval C.	Indianapolis	Marion			
Foltz, Lloyd E.	Brownsburg	Hendricks			
Forbes, Violet Crabbe	Wolcott	White			
Foreman, Harry L.	Indianapolis	Marion			
Foreman, Walter A.	Brookville	Fayette-Franklin			
Forry, Frank	Indianapolis	Marion			
Forsee, Norman E.	Jeffersonville	Clark			
Forsyth, David H. (S)	Terre Haute	Vigo			
Fosbrink, Ephriam L.	Syracuse	Kosciusko			
Fosgate, Harold	Lawrence	Marion			
Fosgate, Orville E.	Russville	Howard			
Foster, Lee N.	Indianapolis	Marion			
Foster, Ray T.	Newcastle	Henry			
Foster, Robert	Franklin	Johnson			
Fountaine, Thomas J.	Bedford	Lawrence			
Fouts, Dallas B.	Indianapolis	Marion			
Fouts, Paul J.	Indianapolis	Marion			
Fowler, Richard R.	Bloomington	Owen-Monroe			

G

Gabe, William E.	Indianapolis	Marion
Gachaw, Gabra S.	Indianapolis	Marion
Gaddy, Euclid T.	Indianapolis	Marion
Gaddy, Nelson D.	Trenton, N. J.	Marion
Gailey, Ivan	Chrisney	Spencer
Galbreath, Russell S.	Huntington	Huntington
Galbreath, Jesse P. (S)	Burnettsville	White
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Edinburg	Johnson
Gammieri, Robert L.	Indianapolis	Marion
Gannon, George W. (S)	Gary	Lake
Ganser, Richard A.	Mishawaka	St. Joseph
Gante, Henry W.	Anderson	Madison
Ganz, Max	Marion	Grant
Garber, Edwin C. (S)	Dunkirk	Jay
Garber, J. Neill	Indianapolis	Marion
Garceau, George J.	Indianapolis	Marion
Gard, Daniel A.	Beech Grove	Marion
Gardiner, H. Glenn	East Chicago	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte

Name	City	County	Name	City	County
Garfield, Martin D.	Indianapolis	Marion	Gladstone, Nah H.	Fort Wayne	Allen
Garland, Edgar A.	Evansville	Vanderburgh	Glass, Robert L.	Indianapolis	Marion
Garling, Luvern C.	Muncie	Delaware- Blackford	Glendening, John L.	Indianapolis	Marion
Garner, William (S)	Indianapolis	Marion	Glendening, Richard L.	Logansport	Cass
Garner, W. Stanley	Indianapolis	Marion	Glenn, Fred C.	Tell City	Perry
Garner, William H.	New Albany	Floyd	Glock, Homer E. (S)	Fort Wayne	Allen
Garner, William H., Jr.	New Albany	Floyd	Glock, Maurice E.	Fort Wayne	Allen
Garrett, John D. (S)	Indianapolis	Marion	Glock, Wayne R.	Fort Wayne	Allen
Garrett, Robert A.	Indianapolis	Marion	Glosson, Jack R.	Clay City	Clay
Garrison, James L.	Cumberland	Marion	Glover, William J.	Gary	Lake
Garrison, Leon J.	Gas City	Grant	Gobbel, Novy E.	English	Harrison- Crawford
Garton, Harry W.	Fort Wayne	Allen	Goebel, Carl W.	Fort Wayne	Allen
Gastineau, David C.	Indianapolis	Marion	Godersky, George E.	South Bend	St. Joseph
Gastineau, Frank M.	Indianapolis	Marion	Goethals, Charles J.	Mishawaka	St. Joseph
Gatch, Willis D. (S)	Indianapolis	Marion	Goldberg, Harold B.	Gary	Lake
Gates, George E.	South Bend	St. Joseph	Goldman, Samuel	Indianapolis	Marion
Gattman, George B.	Elkhart	Elkhart	Goldstone, Adolph	Gary	Lake
Gaul, L. Edward	Evansville	Vanderburgh	Goldstone, Harry A.	Bluffton	Wells
Gaunt, Everett W.	Alexandria	Madison	Goldstone, Joseph	Gary	Lake
Geckler, Charles E.	Muncie	Delaware- Blackford	Goldstone, Sidney R.	Gary	Lake
Gehres, Robert W.	Shelbyville	Shelby	Golper, Marvin N.	Kokomo	Howard
Geick, Raymond G.	Fort Branch	Gibson	Good, Armin E.	Michigan City	LaPorte
Geider, Roy A.	Indianapolis	Marion	Good, Richard P.	Kokomo	Howard
Geiger, Dillon D.	Bloomington	Owen-Monroe	Goodman, Eli S.	Charlestown	Clark
Geisinger, Lewis N. (S)	Auburn	De Kalb	Goodman, Hubert T.	Terre Haute	Vigo
Geller, Samuel	Owensville	Gibson	Goodwin, Caroline J.	Indianapolis	Marion
Genovese, Pasquale	Indianapolis	Marion	Goodwin, Columbus B. (S)	Kendallville	Noble
Genna, Mary E. Miller	Indianapolis	Marion	Gootee, Francis H.	Loogootee	Daviess- Martin
Gentile, John P.	New Albany	Floyd	Gootee, Thomas H.	Jasper	Dubois
George, Charles L.	Indianapolis	Marion	Goralka, Joseph J.	Sacramento, Calif.	Lake
Gerding, William J.	Fort Wayne	Allen	Gordon, Joseph L.	Wheeler	Porter
Geronimo, Manuel M.	East Chicago	Lake	Gormley, Joseph J.	Indianapolis	Marion
Geronimo, Rita R. V.	East Chicago	Lake	Gosman, James H.	Indianapolis	Marion
Gerrish, Donald A.	Terre Haute	Vigo	Gossard, Meredith B.	Tipton	Tipton
Gerrish, Wakefield D. (S)	Clinton	Parke- Vermillion	Gossom, Donn R.	Terre Haute	Vigo
Gery, Richard E.	Lafayette	Tippecanoe	Gould, Lyman K.	Fort Wayne	Allen
Getty, William H.	Evansville	Vanderburgh	Govorchin, Alexander	East Chicago	Lake
Gevirtz, Milton B.	Hammond	Lake	Graessle, Harold P.	Seymour	Jackson
Geyer, Joseph	New Albany	Floyd	Graf, Jerome A.	Bloomfield	Greene
Gibbs, Charles (S)	Greenfield	Hancock	Graf, John E. (S)	Morton	
Gibbs, Joseph W.	Martinsville	Morgan		Grove, Ill.	Marion
Gibson, Greta Maxine	Indianapolis	Marion	Graf, John P.	South Bend	St. Joseph
Gick, Herman H.	Indianapolis	Marion	Graham, George M.	Fort Wayne	Allen
Gifford, Fred E.	Indianapolis	Marion	Grant, Benjamin F.	Gary	Lake
Gilbert, Ivan	Terre Haute	Vigo	Grant, M. Arthur	Fairmount	Grant
Gilkison, William L. (S)	Shoals	Daviess- Martin	Grant, Phyllis	New Castle	Henry
Gill, Bernard P.	Chandler	Warrick	Graves, John W.	Indianapolis	Marion
Gill, Dee D.	Greenfield	Hancock	Graves, Noel S.	Vevay	Jefferson- Switzerland
Gill, John R.	Hobart	Lake	Graves, Orville M.	Princeton	Gibson
Gill, Thomas A.	Muncie	Delaware- Blackford	Gray, Clyde C. (S)	Cloverdale	Putnam
Gillespie, Charles E. (S)	Seymour	Jackson	Gray, Daniel E.	Crown Point	Lake
Gillespie, Charles F.	Indianapolis	Marion	Gray, Leon	Martinsville	Morgan
Gillespie, Garland R.	Brownstown	Jackson	Gray, Paul M.	Huntington	Huntington
Gillespie, Jacob E.	Indianapolis	Marion	Grayston, Wallace S. (S)	Huntington	Huntington
Gillespy, Thurman	Eaton	Delaware- Blackford	Green, Carl L.	Vincennes	Knox
Gillette, Edward P.	Seattle, Wash.	Marion	Green, Frank H.	Rushville	Rush
Gillette, Walter R.	Ulster, Pa.	Wells	Green, George F.	South Bend	St. Joseph
Gilliatt, James P.	Salem	Washington	Green, John H.	North Vernon	Jennings
Gillum, Eugene M.	Portland	Jay	Green, Leonard J.	Valparaiso	Porter
Gilman, Marcus M.	South Bend	St. Joseph	Green, Norval E.	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte	Green, Oscar	Indianapolis	Marion
Gilmore, Russell A.	Michigan City	La Porte	Greenburg, Roland	Norfolk, Va.	Dubois
Gingerick, Charles M.	Liberty Center	Wells	Greene, Claude D.	Spencer	Owen-Monroe
Giordano, Alfred S.	Sarasota, Fla.	St. Joseph	Greene, Frederick G.	Bloomington	Parke- Vermillion
Giorgio, Douglas J.	Evansville	Vanderburgh	Greene, Morgan E.	Indianapolis	Marion
Girod, Arthur H.	Decatur	Adams	Greene, William R.	Henryville	Clark
Gish, Howard M.	Brookston	White	Greenlee, Robert L.	Fort Wayne	Allen
Gitlin, Max M.	Bluffton	Wells	Gregg, Albert F.	Connersville	Fayette- Franklin
Gitlin, William A.	Bluffton	Wells	Gregg, Edwin E.	Thorntown	Boone
Glackman, John C., Jr.	Rockport	Spencer	Gregoline, Amadeo F.	Gary	Lake
Glackman, John C. (S)	Rochester	Fulton			

Name	City	County	Name	City	County
Greiber, Marvin F.	Muncie	Delaware-Blackford	Hammond, Stanley M.	Portland	Jay
Greisen, Jack G.	Whiting	Lake	Hampshire, Donald R.	Indianapolis	Marion
Greist, John H.	Indianapolis	Marion	Hampton, Hollis E., Jr.	Indianapolis	Marion
Greist, Walter D.	Fort Wayne	Allen	Hamsher, John B.	Terre Haute	Vigo
Griep, Arthur H.	Evansville	Vanderburgh	Hancock, John G.	Indianapolis	Marion
Griffin, Joseph P.	Chesterton	Porter	Haney, William	Madison	Jefferson-Switzerland
Griffis, Vierl C.	Richmond	Wayne-Union	Hann, Eldon C.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen	Hanna, Duke E., Jr.	Indianapolis	Marion
Griffith, James W.	Sheridan	Hamilton	Hanna, Thomas A.	Indianapolis	Marion
Griffith, Richard S.	Indianapolis	Marion	Hannah, Charles W.	Winchester	Randolph
Griffith, Ross E.	Indianapolis	Marion	Hannah, Jack W.	Wakarusa	Elkhart
Grillo, Donald	South Bend	St. Joseph	Hanneken, Vincent J.	Wabash	Wabash
Grimes, Hubert N.	Indianapolis	Marion	Hansell, Robert M.	Indianapolis	Marion
Gripe, Richard P.	Lafayette	Tippecanoe	Hansen, Arthur H.	Hammond	Lake
Grisell, Ted L.	Indianapolis	Marion	Hanson, Martin F.	Elwood	Madison
Grosso, William G.	East Chicago	Lake	Harcourt, Allan K.	Indianapolis	Marion
Gorud, Alton C.	South Bend	St. Joseph	Harden, Murray E.	Lafayette	Tippecanoe
Grotts, Bruce F.	Chicago, Ill.	La Porte	Hardin, Wayne E.	Ossian	Wells
Grove, Robert H.	Rossville	Clinton	Harding, M. Richard	Indianapolis	Marion
Gruber, Charles M.	Indianapolis	Marion	Harding, Myron S.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh	Harding, Paul C.	Indianapolis	Marion
Gustafson, Carl J.	Marion	Grant	Hardtke, Eldred F.	Bloomington	Owen-Monroe
Gustafson, Milton	Muncie	Delaware-Blackford	Hardy, John J.	North Liberty	St. Joseph
Gustaitis, John W.	Whiting	Lake	Hare, Daniel M.	Evansville	Vanderburgh
Guthrie, James R.	Richmond	Wayne-Union	Hare, Earl H.	Indianapolis	Marion
Guthrie, James U.	Indianapolis	Marion	Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Gutstein, Richard R.	Kendallville	Noble	Hare, Laura	Indianapolis	Marion
Gwin, Merle D. (S)	Miami Beach, Fla.	Jasper-Newton	Harger, Robert W.	Indianapolis	Marion
H			Harkcom, Harry E.	St. Paul	Decatur
Habegger, Elmer D.	Indianapolis	Marion	Harkness, Robert G.	Terre Haute	Vigo
Habich, Carl	Indianapolis	Marion	Harless, Clarence M.	Chesterton	Porter
Hackett, Walter G.	Fort Wayne	Allen	Harless, Fred	Monroeville	Allen
Hade, Frederick L.	Bridgeport	Marion	Harmon, Carl J.	Richmond	Wayne-Union
Hadley, David	Indianapolis	Marion	Harmon, Vachelle E.	South Bend	St. Joseph
Hadley, Harvey (S)	Richmond	Wayne-Union	Harmon, Wayne	Lynn	Randolph
Haffner, Herman G.	Fort Wayne	Allen	Harold, Albert H. (S)	Indianapolis	Marion
Haggard, Edmund B.	Indianapolis	Marion	Harold, Norris E. (S)	Indianapolis	Marion
Hagie, Franklin E.	Richmond	Wayne-Union	Harper, James W.	Gary	Lake
Hahn, E. Vernon	Indianapolis	Marion	Harris, Carl B.	Indianapolis	Marion
Haley, Alvin J.	Fort Wayne	Allen	Harris, Jackson	Indianapolis	Marion
Haley, Paul E.	South Bend	St. Joseph	Harris, Paul N.	Indianapolis	Marion
Halfast, Richard W.	Kokomo	Howard	Harris, Robert F.	Noblesville	Hamilton
Hall, Bernard R.	Logansport	Cass	Harris, Robert W.	New Albany	Floyd
Hall, Emory H.	Dunkirk	Jay	Harrison, Benjamin L.	New Castle	Henry
Hall, Frank M.	Indianapolis	Marion	Harshman, Louis P.	Fort Wayne	Allen
Hall, James L.	Gary	Lake	Harstad, Casper	Rockville	Parke-Vermillion
Hall, James M.	South Bend	St. Joseph	Hart, L. Paul	Evansville	Vanderburgh
Hall, Orville A.	Muncie	Delaware-Blackford	Hart, Robert B.	Columbus	Bartholomew-Brown
Hall, Thomas C.	Chesterton	Porter	Hart, William D.	Anderson	Madison
Halleck, Harold J.	Winamac	Pulaski	Harter, Eli B.	Lafayette	Tippecanoe
Haller, Richard C.	Fort Wayne	Allen	Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Haller, Robert L.	Fort Wayne	Allen	Hartman, John J.	Angola	Steuben
Haller, Thomas C.	Crawfordsville	Montgomery	Hartsough, Ralph I.	Remington	Jasper-Newton
Hamer, Homer G. (S)	Indianapolis	Marion	Hartz, F. Minton	Evansville	Vanderburgh
Hamilton, Antha A.	Vevay	Jefferson-Switzerland	Harvey, Harry C.	Fort Wayne	Allen
Hamilton, Charles O.	South Bend	St. Joseph	Harvey, Ralph J.	Zionsville	Boone
Hamilton, Emory D.	Fort Wayne	Allen	Harvey, Verne K.	Washington, D. C.	Marion
Hamilton, Guy W. (S)	Durati, Calif.	Jefferson-Switzerland	Hasewinkel, Carroll W.	Indianapolis	Marion
Hamilton, James R.	Mitchell	Lawrence	Hasewinkle, August M.	Fort Wayne	Allen
Hamilton, Mary F.	Evansville	Vanderburgh	Hash, John S.	Noblesville	Hamilton
Hamilton, M. Luther (S)	Newberry	Greene	Hashemi, Hossein	Butler	Jennings
Hamilton, Orville G.	Bluffton	Wells	Haslem, Ezra R.	Terre Haute	Vigo
Hamilton, Thomas	Columbia City	Whitley	Haslem, John R.	Terre Haute	Vigo
Hammel, Howard T.	Bedford	Lawrence	Haslinger, Clarence J.	Indianapolis	Marion
Hammer, Jay W.	Middletown	Henry	Hastings, Warren C.	Fort Wayne	Allen
Hammersley, George K.	Frankfort	Clinton	Hatfield, Benjamin F.	Indianapolis	Marion
Hammond, James B.	Indianapolis	Marion	Hatfield, Jack J.	Indianapolis	Marion
Hammond, Keith	Paoli	Orange	Hatfield, Nicholas W.	Indianapolis	Marion
Hammond, R. Case	Evansville	Vanderburgh	Hathaway, Clayton B.	Butler	De Kalb
			Hattendorf, Anton P.	Fort Wayne	Allen
			Haugseth, Ellsworth K.	South Bend	St. Joseph
			Hauss, Augustus P.	New Albany	Floyd

Name	City	County	Name	City	County
Havens, A. Lyle	Jeffersonville	Clark	Hetherington, John A.	Indianapolis	Marion
Havens, Oscar	Cicero	Hamilton	Hetman, Mitchell J.	Westville	La Porte
Havens, Russell E.	Fort Wayne	Allen	Heubi, John E.	Indianapolis	Marion
Havice, Jay F.	Lake Lure, N. C.	Allen	Hiatt, Russell L.	Fort Wayne	Allen
Hawes, James H.	Indianapolis	Marion	Hibbs, William G.	Franklin	Johnson
Hawes, James K. (S)	Columbus	Bartholomew- Brown	Hibner, Kermit	Danville	Hendricks
Hawes, Marvin E.	Columbus	Bartholomew- Brown	Hibner, Nolan A.	Monticello	White
Hawkins, Richard D.	Bedford	Lawrence	Hickman, A. Lee	Hammond	Lake
Hayes, Jesse D.	East Chicago	Lake	Hickman, Donald	Fort Wayne	Allen
Hayes, Theodore R.	Muncie	Delaware- Blackford	Hickman, Walter F.	Indianapolis	Marion
Haymond, George M.	Warsaw	Kosciusko	Hicks, Joseph (S)	Arcadia	Hamilton
Haymond, Joseph L.	Indianapolis	Marion	Hicks, Murwyn L.	Indianapolis	Marion
Hays, Everett L.	Indianapolis	Marion	Hiestand, Harley J. (S)	Pennville	Jay
Hazinski, Robert T.	Griffith	Lake	Higbee, Paul	Sullivan	Sullivan
Headley, Lloyd M.	Lebanon	Boone	Higgins, James L.	Petersburg	Pike
Healey, Robert J.	Indianapolis	Marion	Higgins, John R.	New Albany	Floyd
Heard, Albert	Evansville	Vanderburgh	Higgins, Kenneth E.	Fort Wayne	Allen
Heck, Martin C.	Jasper	Dubois	High, Ralph L.	Muncie	Delaware- Blackford
Heck, Rolfe A.	College Cor- ner, Ohio	Wayne-Union	Hilbert, John W.	South Bend	St. Joseph
Hedde, Eugene L.	Logansport	Cass	Hildebrand, John O.	South Bend	St. Joseph
Hedgcock, Robert A.	Frankfort	Clinton	Hill, Gladys Marie	Richmond	Wayne-Union
Hedrick, James T.	Gary	Lake	Hill, Harold D.	Richmond	Wayne-Union
Hedrick, Philip W.	Indianapolis	Marion	Hill, Howard E.	Muncie	Delaware- Blackford
Heilman, William C., Jr.	New Castle	Henry	Hill, Kenneth G.	New Castle	Henry
Heilman, William C.	New Castle	Henry	Hill, Lloyd	White Sands New Mexico	Miami
Heimbürger, Robert F.	Indianapolis	Marion	Hill, Paul G.	Cambridge City	Wayne-Union
Heinrich, Weston A.	Evansville	Vanderburgh	Hill, Robert E.	Muncie	Delaware- Blackford
Heinrichs, Harry H. (S)	Indianapolis	Marion	Hill, Robert P.	Bloomington	Owen-Monroe
Held, George A.	Jasper	Dubois	Hill, Theodore A.	South Bend	St. Joseph
Heller, Nelson L.	Dunkirk	Jay	Hilldrup, Don G.	Indianapolis	Marion
Helmen, Harry W.	South Bend	St. Joseph	Hillenbrand, Charles	Michigan City	La Porte
Helmer, John F.	South Bend	St. Joseph	Hillery, John L.	Warsaw	Kosciusko
Heminway, Norman L.	Elkhart	Elkhart	Hillis, Lowell J.	Logansport	Cass
Hemsworth, Dorothy N.	Indianapolis	Marion	Hillman, Marion W.	South Bend	St. Joseph
Hendershot, Eugene L.	Evansville	Vanderburgh	Hillman, William H. (S)	South Bend	St. Joseph
Henderson, Francis G.	Indianapolis	Marion	Himler, James M.	Indianapolis	Marion
Henderson, Norman C.	Michigan City	La Porte	Hinchman, Clarence P.	Geneva	Adams
Henderson, Ramon A.	Muncie	Delaware- Blackford	Hinchman, Jean F.	Parker	Randolph
Henderson, Roscoe C.	Indianapolis	Marion	Hine, Ullis B.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion	Hines, Archie V.	Auburn	De Kalb
Hendricks, John W.	Indianapolis	Marion	Hines, Don C.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox	Hippensteel, Harland V.	Auburn	De Kalb
Henn, R. Anthony	Greenfield	Hancock	Hipskind, Richard E.	Fort Wayne	Allen
Henning, Carl (S)	Hanover	Jefferson- Switzerland	Hirsch, Herman L.	Mt. Vernon	Posey
Henry, Alvin L.	Columbus	Bartholomew- Brown	Hirsh, Lloyd W.	Batesville	Ripley
Henry, Howard J.	Knox	Starke	Hobbs, Arthur A.	Evansville	Vanderburgh
Henry, Russell S.	Indianapolis	Marion	Hochhalter, Marian	Logansport	Cass
Hensler, Benton M.	Anderson	Madison	Hodges, Fletcher (S)	Indianapolis	Marion
Hepburn, C. Keith	Indianapolis	Marion	Hodges, William A.	Oaktown	Knox
Hepner, Herman	Kendallville	Noble	Hodgin, Phillip T.	Orleans	Orange
Hepner, Herman S.	Bloomington	Owen-Monroe	Hodurski, Zigfield	Gary	Lake
Herd, Cloyd N.	Peru	Miami	Hoetzer, Eldore M.	New Haven	Allen
Herendeen, Elbie V.	Rochester	Fulton	Hoffman, Arthur F.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley	Hoffman, Doris	Vincennes	Knox
Hermayer, Stephen	Evansville	Vanderburgh	Hoffman, Herman	Indianapolis	Marion
Herr, John W.	Tell City	Perry	Hoffman, Max N.	Covington	Fountain- Warren
Herrick, Charles L.	Akron	Fulton	Hoffman, Robert V.	South Bend	St. Joseph
Herring, George N.	Richmond	Wayne-Union	Hoffmann, Sterling P.	Fort Wayne	Allen
Herrmann, Gordon T.	Evansville	Vanderburgh	Hofmann, Andrew (S)	Hammond	Lake
Herrold, George W.	Lafayette	Tippecanoe	Hofmann, J. William	Indianapolis	Marion
Hershberger, Philip	Indianapolis	Marion	Hogan, Thomas W.	Terre Haute	Vigo
Hershey, Ernest A.	Churubusco	Whitley	Hogle, Frank D.	Indianapolis	Marion
Herzberg, Milton	Clinton	Parke- Vermillion	Holdeman, Lillian S.	South Bend	St. Joseph
Herzer, Clarence C.	Evansville	Vanderburgh	Holdeman, Richard W.	South Bend	St. Joseph
Hess, Paul P.	New Albany	Floyd	Holladay, Lloyd J.	Lafayette	Tippecanoe
Hetherington, Arthur M. (S)	Indianapolis	Marion	Holland, Charles E.	Goodland	Jasper- Newton

Name	City	County
Holland, Deward J. (S)	Bloomington	Owen-Monroe
Holland, Philip T.	Bloomington	Owen-Monroe
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Hollingsworth, Albert A. (S)	Indianapolis	Marion
Hollis, Walter H.	Fort Branch	Gibson
Holloway, William A. (S)	Logansport	Cass
Holman, Jerome E.	Indianapolis	Marion
Holman, Jerome E., Jr.	Indianapolis	Marion
Holmes, Claude D. (S)	Frankfort	Clinton
Holmes, George W.	Chicago, Ill.	Lake
Holsinger, Robert E.	Fort Wayne	Allen
Holt, Allen H.	Milwaukee, Wis.	Marion
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Peter B.	Boonville	Warrick
Hopkins, Joseph R.	Hammond	Lake
Hopkins, Lester H.	Versailles	Ripley
Hoppenrath, Wesley M.	Elwood	Madison
Hoppenrath, William (S)	Elwood	Madison
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horwitz, Thomas	Indianapolis	Marion
Hostetler, Carl M.	Goshen	Elkhart
Hostetter, Irwin S.	Muncie	Delaware-Blackford
Houser, D. Stanley	Lakeville	St. Joseph
Houser, Wayne W.	Monon	White
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hover, Galen	Charlestown	Clark
How, John T. (S)	Lakeville	St. Joseph
How, Louis E.	South Bend	St. Joseph
Howard, William F.	Indianapolis	Marion
Howard, Wm. Harry	Hammond	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Arthur	Indianapolis	Marion
Howell, Joseph D.	Indianapolis	Marion
Howell, Robert D.	Indianapolis	Marion
Hoyt, John M.	Westville	La Porte
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Carl D.	Indianapolis	Marion
Huckleberry, Irvin E.	Salem	Washington
Huddle, John R.	Indianapolis	Marion
Hudson, Arlington M.	Connersville	Fayette-Franklin
Hudson, Foster J.	Indianapolis	Marion
Huffman, Galen C.	Indianapolis	Marion
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Richard R.	Lafayette	Tippecanoe
Huggins, Victor S.	Evansville	Vanderburgh
Hull, Arthur W.	Elkhart	Elkhart
Hull, James E.	Lafayette	Tippecanoe
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummell, Paul	W. Lafayette	Tippecanoe
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Fort Wayne	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J.	Terre Haute	Vigo
Hunt, Gayle J.	Richmond	Wayne-Union
Hunter, Donn	Glendale, Ariz.	Hancock
Hunter, Frank P.	Lafayette	Tippecanoe
Hunter, Lowell G.	Milan	Ripley

Name	City	County
Huoni, John S.	Jeffersonville	Clark
Hurley, Anson G.	Muncie	Delaware-Blackford
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B.	Indianapolis	Marion
Hurt, Walter L.	Wolf Lake	Noble
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Hammond	Lake
Hutchison, Donald R.	Fountain City	Wayne-Union
Hutto, William H.	Kokomo	Howard
Hyatt, Gilbert T.	Evansville	Vanderburgh
Hyde, Carroll C.	South Bend	St. Joseph
Hynes, Roy T.	Indianapolis	Marion
I		
Ibarra, Jesus	Gary	Lake
Imhof, Joseph D.	Muncie	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Herbert H.	Shelbyville	Shelby
Inlow, William D.	Shelbyville	Shelby
Irish, Wilbur J.	East Chicago	Lake
Irwin, Glenn W., Jr.	Indianapolis	Marion
Irwin, Seth	Anderson	Madison
Iske, Paul G.	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E.	New Castle	Henry
Ives, Raymond J.	Francesville	Pulaski
Ivy, John H.	Elkhart	Elkhart
J		
Jackson, Charles E.	Bluffton	Wells
Jackson, Dean B.	Hartford City	Delaware-Blackford
Jackson, Frederick E. (S)	Indianapolis	Marion
Jackson, James W. (S)	Indianapolis	Marion
Jackson, Jesse L.	Indianapolis	Marion
Jackson, John F.	Fort Wayne	Allen
Jackson, John K.	Aurora	Dearborn-Ohio
Jaeger, Alfred S. (S)	Indianapolis	Marion
Jahns, Albin A.	Gary	Lake
James, John M.	Tell City	Perry
James, Nicholas A.	Tell City	Perry
James, Thomas, Jr.	Huntington	Huntington
Jannasch, Maurice C.	Gary	Lake
Jaquith, Orville S. (S)	Indianapolis	Marion
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jay, Arthur N.	Indianapolis	Marion
Jean, Thomas A.	Morristown	Shelby
Jeffries, Kenneth I. (S)	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, F. Lamont	Washington, D. C.	Marion
Jennings, Frank L.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, Earl B.	Logansport	Cass
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jewett, Robert E.	Kansas City, Mo.	Marion
Jinks, Clifford H.	Indianapolis	Marion
Jinnings, Loren E.	Garrett	De Kalb
Jobes, James E.	Indianapolis	Marion
Jobes, Norman E. (S)	Indianapolis	Marion
Joest, Charles O.	Jacksonville, Fla.	St. Joseph
Johns, David R.	East Chicago	Lake
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, Cecil E.	Rensselaer	Jasper-Newton
Johnson, Frank D.	Waynetown	Montgomery
Johnson, Frank P.	Rochester	Fulton
Johnson, Gardner C. (S)	Evansville	Vanderburgh

Name	City	County	Name	City	County
Johnson, George M.	Richmond	Wayne-Union	Karpel, Bernard	Mooreville	Morgan
Johnson, Harold V.	Brook	Jasper-Newton	Karsell, William A.	Bloomington	Owen-Monroe
Johnson, Herbert S.	Lafayette	Tippecanoe	Kasting, Gerald	Bedford	Lawrence
Johnson, James B.	Greencastle	Putnam	Katterjohn, James C.	Washington, D. C.	Marion
Johnson, Jerome M.	Palmyra	Harrison-Crawford	Kauffman, Harley M.	Evansville	Vanderburgh
Johnson, John J.	Warsaw	Kosciusko	Kauffman, Nelson N.	Indianapolis	Marion
Johnson, Lonnie B.	Gary	Lake	Kauffman, Sidney A.	Indianapolis	Marion
Johnson, Lowell R.	Lafayette	Tippecanoe	Kaufman, Julian	Fort Wayne	Allen
Johnson, Owen	Peru	Miami	Kay, Oran	Spencer	Owen-Monroe
Johnson, Paul D.	Columbus, Ohio	Vigo	Keck, Carleton A.	Fort Wayne	Allen
Johnson, Paul S. (S)	Richmond	Wayne-Union	Keeling, Forrest E.	Portland	Jay
Johnson, Robert B.	Rushville	Rush	Keenan, George B.	Indianapolis	Marion
Johnson, Stephen L.	Evansville	Vanderburgh	Keenan, Reid L.	Indianapolis	Marion
Johnson, Thomas W.	Indianapolis	Marion	Keever, Charles H.	Indianapolis	Marion
Johnson, William A.	Perrysville	Parke-Vermillion	Keiser, Venice D.	Indianapolis	Marion
Johnson, William A.	North Vernon	Jennings	Keith, Freeman E. (S)	St. Bernice	Parke-Vermillion
Johnson, William F. (S)	Indianapolis	Marion	Keller, Foster C.	Fort Wayne	Allen
Johnston, Alan	Plainfield	Hendricks	Keller, Frank G. (S)	Alexandria	Madison
Johnston, Donald D.	Westville	La Porte	Kelley, Paul S.	Hammond	Lake
Johnston, Richard M.	Fort Wayne	Allen	Kelly, Don E.	Indianapolis	Marion
Johnston, Robert G.	Huntington	Huntington	Kelly, Frank (S)	Argos	Marshall
Johnston, Robert L.	Bluffton	Wells	Kelly, John F.	Indianapolis	Marion
Jolly, Lewis E.	Madison	Jefferson-Switzerland	Kelly, Walter F. (S)	Indianapolis	Marion
Jolly, Wesley P.	Richland	Spencer	Kelly, Wendell C.	Anderson	Madison
Jones, Albert T.	Anderson	Madison	Kelly, William M.	Indianapolis	Marion
Jones, Allen W.	Indianapolis	Marion	Kelsey, Lawrence E.	Kewanna	Fulton
Jones, Charles A.	Franklin	Johnson	Kelsey, Robert M.	La Porte	La Porte
Jones, David	Lafayette	Tippecanoe	Kemp, John T.	Michigan City	La Porte
Jones, David E.	Indianapolis	Marion	Kemp, William A.	Connersville	Fayette-Franklin
Jones, Eli S.	Hammond	Lake	Kempf, Gerald F.	Indianapolis	Marion
Jones, Francis P.	Indianapolis	Marion	Kendall, Forest M.	Nappanee	Elkhart
Jones, George L.	Wanamaker	Marion	Kendrick, Frank J.	Gary	Lake
Jones, Glen M.	Bluffton	Wells	Kendrick, William M.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion	Kennedy, Eva N.	Camden	Carroll
Jones, Horace E.	Anderson	Madison	Kennedy, Hall	Indianapolis	Marion
Jones, J. Carl	Logansport	Cass	Kennedy, Hunter F.	Indianapolis	Marion
Jones, King S.	Michigan City	La Porte	Kennedy, Joseph C.	Indianapolis	Marion
Jones, Robert B.	La Porte	La Porte	Kennedy, Robert O. (S)	Rushville	Rush
Jones, Roland W.	Indianapolis	Marion	Kennedy, Walter U.	New Castle	Henry
Jones, William W.	Frankfort	Clinton	Kenney, Francis D.	Hammond	Lake
Jordan, Leo E.	Lynn	Randolph	Kenoyer, Wilbur L.	A.P.O. 23, New York	Marion
Jordan, Stanley Y.	Gary	Lake	Kent, Richard N.	Fort Wayne	Allen
Joseph, Rex M.	Indianapolis	Marion	Kenyon, Charles E.	Cambridge City	Wayne-Union
Jowitt, Richard H.	Indianapolis	Marion	Kephart, S. Bruce	Bluffton	Wells
Judy, Hubert E.	Indianapolis	Marion	Kepler, Robert W.	La Porte	La Porte
Jurgensen, Walter T.	Fort Wayne	Allen	Kercheval, John M.	Clinton	Parke-Vermillion
Justen, Jerome W.	San Francisco, Calif.	Lake	Kern, Charles B. (S)	Muncie	Delaware-Blackford
K			Kern, Clarence G.	Lebanon	Boone
Kabel, Robert N.	Terre Haute	Vigo	Kerr, Donald M.	Bedford	Lawrence
Kahler, Maurice V.	Indianapolis	Marion	Kerr, Harry R.	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion	Kerrigan, John F.	Michigan City	La Porte
Kahn, Howard L.	Indianapolis	Marion	Kerrigan, Robert L.	Michigan City	La Porte
Kaiser, George D.	Whiting	Lake	Kerrigan, William F.	Connersville	Fayette-Franklin
Kalb, Everett L.	Indianapolis	Marion	Keseric, Nicholas E.	French Lick	Orange
Kaler, James	Richmond	Wayne-Union	Kessler, Robert B.	Evansville	Vanderburgh
Kamen, Jack M.	East Chicago	Lake	Ketcham, Jane M. (S)	Indianapolis	Marion
Kamm, Bernard A.	South Bend	St. Joseph	Ketcham, John S.	Rossville	Clinton
Kamman, George H. (S)	Seymour	Jackson	Keyes, Robert C.	Fort Wayne	Allen
Kammen, Leo	Indianapolis	Marion	Keys, Lynn	Evansville	Vanderburgh
Kammen, Robert	Indianapolis	Marion	Kidd, James G., Jr.	Roann	Wabash
Kammer, Grace C.	Muncie	Delaware-Blackford	Kidd, James G.	Roann	Wabash
Kammer, Walter F.	Muncie	Delaware-Blackford	Kidder, Orva T.	Fort Wayne	Allen
Kantzer, Floyd B.	Garrett	De Kalb	Kiely, John T.	Anderson	Madison
Karberg, Richard J.	Lafayette	Tippecanoe	Kilgore, Byron W.	Indianapolis	Marion
Karlick, Joseph	Arcadia	Hamilton	Killian, E. Camille	Logansport	Cass
Karn, John W.	South Bend	St. Joseph	Kilmer, Warren L.	East Gary	Lake
Karns, John D.	Winamac	Pulaski	Kim, Young D.	Beech Grove	Marion
Karol, Herbert J.	Fort Wayne	Allen	Kimbrough, Robert F.	Fort Wayne	Allen
			Kime, Charles E.	Richmond	Wayne-Union
			Kime, Edwin N.	Indianapolis	Marion

Name	City	County
Kincaid, Raymond K.	Tipton	Tipton
Kindell, Hurschell D.	New Richmond	Montgomery
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Joseph W.	Anderson	Madison
King, Peter C.	Swayzee	Grant
King, Robert W.	Cedar Lake	Lake
King, William E.	Indianapolis	Marion
King, William F. (S)	Indianapolis	Marion
Kingsbury, John K.	Indianapolis	Marion
Kinnaman, Howard A.	Crawfordsville	Montgomery
Kinneman, Robert E.	Greenfield	Hancock
Kinser, George H.	Terre Haute	Vigo
Kintner, Burton E.	Elkhart	Elkhart
Kinzel, Robert J. W.	Indianapolis	Marion
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirklin, Oren L.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, William R.	Indianapolis	Marion
Kiser, Edgar F. (S)	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kistler, James J.	La Porte	La Porte
Kistner, Arthur W.	Elkhart	Elkhart
Kitterman, Harry E.	Indianapolis	Marion
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klatch, Ben Z.	Lafayette	Tippecanoe
Klaus, Julius M.	Crown Point	Lake
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L.	Evansville	Vanderburgh
Kleinman, Francis J.	Hebron	Porter
Klepfer, Jefferson	Richmond	Wayne-Union
Klepinger, Harry E.	Lafayette	Tippecanoe
Kling, Victor F.	Michigan City	La Porte
Klingler, Maurice O.	Plymouth	Marshall
Klos, Stanley J.	Hobart	Lake
Knapp, Arthur L. (S)	South Bend	St. Joseph
Kneidel, John H.	Frankfort	Clinton
Knepple, La Marr R. (S)	Kokomo	Howard
Knight, Lewis W.	Fort Wayne	Allen
Knode, Kenneth T.	South Bend	St. Joseph
Knowles, Charles Y.	Indianapolis	Marion
Knowles, Robert P.	Indianapolis	Marion
Knox, Robert L.	Indianapolis	Marion
Ko, Richard	Great Lakes, Ill.	Delaware-Blackford
Kobrin, Meyer W.	Gary	Lake
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koehler, Elmer G.	Elkhart	Elkhart
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolettis, George J.	Gary	Lake
Kolettis, John G.	Gary	Lake
Komoroske, John E.	East Chicago	Lake
Kooker, John E.	Indianapolis	Marion
Koons, Karl M.	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	Clarksburg, W. Va.	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, Otis A.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Kottke, Bruce A.	Pine Island, Minn.	Marion
Krabill, Willard S.	Viet Nam	St. Joseph
Kraft, Bennett	Indianapolis	Marion

Name	City	County
Kraft, Haldon C.	Noblesville	Hamilton
Kramer, Albert A. (S)	South Bend	St. Joseph
Kraning, Kenneth K.	Kewanna	Fulton
Kremers, George A.	Kokomo	Howard
Kretsch, Russell W.	Hammond	Lake
Kriebel, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krsek, Archie J.	Knox	Starke
Krueger, Frederick W. (S)	Richmond	Wayne-Union
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Kruse, Edward H.	Fort Wayne	Allen
Kruse, Walter E.	Fort Wayne	Allen
Kubik, Francis J.	Michigan City	La Porte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuder, Howard V.	Muncie	Delaware-Blackford
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S.	Hammond	Lake
Kuhn, Hugh A.	Hammond	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, Joseph	Terre Haute	Vigo
Kunkler, William C.	Indianapolis	Marion
Kuntz, Herman W.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Tipton	Tipton
Kurtz, William A.	Indianapolis	Marion
Kwitny, Isadore J.	Terre Haute	Vigo

L

LaBier, C. Russell	Terre Haute	Vigo
LaBier, Clarence R. (S)	Terre Haute	Vigo
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaDuron, Jules F.	Muncie	Delaware-Blackford
LaFollette, Donald	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laird, Leslie A.	Richmond	Wayne-Union
Lamb, Emmett B.	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lamey, James L.	Anderson	Madison
Lamey, Paul T.	Anderson	Madison
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Francis L.	Fort Wayne	Allen
Landis, Charles	Indianapolis	Marion
Landwehr, Alfons	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Joseph E.	South Bend	St. Joseph
Langdon, Harry K. (S)	Indianapolis	Marion
Langdon, J. Ray	Portland, Oregon	Marion
Langohr, John	Columbia City	Whitley
Langsdon, Fred R.	Gaston	Delaware-Blackford
Lanning, R. Adrian	Elwood	Madison
Lansford, John	Redkey	Jay
Laramore, Ward	Indianapolis	Marion
Larkin, Bernard J.	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larmore, Sarah H.	Anderson	Madison
LaRocca, Joseph	Valparaiso	Porter
Larrabee, James F.	Hammond	Lake
Larabee, William H. (S)	New Palestine	Hancock
Larrison, Glenn D.	Morocco	Jasper-Newton

Name	City	County	Name	City	County
Larson, Goyt O.	La Porte	La Porte	Liss, Emanuel C.	South Bend	St. Joseph
Larson, John A.	Lafayette	Tippecanoe	Little, John W. (S)	Indianapolis	Marion
LaSalle, Robert M.	Wabash	Wabash	Little, Robert C.	Evansville	Vanderburgh
Laubscher, Clarence	Evansville	Vanderburgh	Little, William J.	Indianapolis	Marion
Laudeman, Walter A.	Elwood	Madison	Littlefield, Paul A.	Indianapolis	Marion
Lauer, Dorothy B.	Dana	Parke- Vermillion	Littlefield, Shirley	Indianapolis	Marion
Lautz, Herbert A.	Hammond	Lake	Litzenberger, Sam W.	Anderson	Madison
Lavengood, Russell W.	Marion	Grant	Lloyd, Claude A.	Washington	Daviess- Martin
Lawler, George F.	Indianapolis	Marion	Lloyd, Frank P.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh	Lloyd, Joe R.	Noblesville	Hamilton
Laws, Kenneth F.	Lafayette	Tippecanoe	Lloyd, Robert P.	Fort Wayne	Allen
Lawson, Isaac H.	Kendallville	Noble	Lochry, Ralph L.	Indianapolis	Marion
Lazo, Vicente R.	Philadelphia, Pa.	Lake	Lockhart, Jack M.	Connersville	Fayette- Franklin
Leahy, Howard J.	Pendleton	Madison	Lockhart, Philip B.	South Bend	St. Joseph
Leak, Robert H.	Boswell	Benton	Loehr, William M.	Indianapolis	Marion
Leasure, J. Kent	Indianapolis	Marion	Loewenstein, Werner L.	Terre Haute	Vigo
Leasure, Kenneth	Elkhart	Elkhart	Logan, Austin R. (S)	Petersburg	Pike
Leatherman, Harter L.	Indianapolis	Marion	Logan, James Z.	Richmond	Wayne-Union
Lebiada, Henry S.	Gary	Lake	Logan, Jesse R.	Evansville	Vanderburgh
Lee, Glen Ward	Richmond	Wayne-Union	Logan, Richard S.	Elkhart	Elkhart
Lee, James	Terre Haute	Vigo	Lohman, Robert M.	Fort Wayne	Allen
Leedy, Gladys J.	Indianapolis	Marion	Lohoff, Lewis C.	Tell City	Perry
Leff, Abe	Indianapolis	Marion	Loh, Wei-Ping	Gary	Lake
Leffel, James M.	Indianapolis	Marion	Long, Keith	Hammond	Lake
Leffler, William T.	Indianapolis	Marion	Long, Max R.	Marion	Grant
Lehman, Harold	Charlestown	Clark	Long, Paul L.	Anderson	Madison
Lehman, Kenneth M.	Topeka	LaGrange	Long, William H. (S)	Indianapolis	Marion
Lehmburg, Otto F. C.	Columbia City	Whitley	Lonngren, Dudley H.	Marion	Grant
Leibundguth, Henry	Evansville	Vanderburgh	Loomis, Charles H.	Richmond	Wayne-Union
Leich, Charles F.	Evansville	Vanderburgh	Loomis, Norman S.	Indianapolis	Marion
Leinbach, Earl	Hamlet	Starke	Loop, Floyd A. (S)	Lafayette	Tippecanoe
LeMaster, Theodore R.	Indianapolis	Marion	Loop, Frederick A.	Lafayette	Tippecanoe
Leming, Ben L.	Fort Wayne	Allen	Lord, Glen C.	Indianapolis	Marion
Lemon, Herbert K. (S)	Camden	Carroll	Lorenty, Thaddeus B.	Gary	Lake
Lenk, George G.	Fort Wayne	Allen	Lorman, James G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone	Louden, Robert W.	Indianapolis	Marion
Leonard, Henry S. (S)	Indianapolis	Marion	Loudermilk, Jack L.	Fort Wayne	Allen
Leroy, Alvin G.	Alexandria	Madison	Love, George N.	Indianapolis	Marion
Leser, Ralph U.	Indianapolis	Marion	Love, V. Logan	Marion	Grant
Lett, Emory B.	Loogootee	Daviess- Martin	Lovelace, Daniel D.	Plattsburg, N. Y.	Marion
Levantini, Bernard I.	South Bend	St. Joseph	Lovell, Martin H.	Gary	Lake
Levering, Guy P. (S)	Lafayette	Tippecanoe	Lovett, Harvey D.	Whitestown	Boone
Levi, Leon	Indianapolis	Marion	Loving, Jury B.	New Goshen	Vigo
Levin, Eli	East Chicago	Lake	Lowe, Robert H.	Indianapolis	Marion
Levin, Ralph T.	Indianapolis	Marion	Lucas, Clarence A., Jr.	Indianapolis	Marion
Levkoff, Abner H.	South Bend	St. Joseph	Luckett, Coen L.	Terre Haute	Vigo
Lewis, George N.	Gary	Lake	Luckey, Harold A.	Wolf Lake	Noble
Lewis, James F.	Liberty	Wayne-Union	Luckey, Robert C.	Wolf Lake	Noble
Lewis, Leonard D.	Peru	Miami	Ludwig, Oscar D. (S)	Indianapolis	Marion
Lewis, Robert J.	Lawrence	Marion	Luginbill, Howard M.	Berne	Adams
Libbert, Edwin L.	Indianapolis	Marion	Lukemeyer, George T.	Indianapolis	Marion
Libbert, Edwin L., Jr.	Indianapolis	Marion	Lukemeyer, St. John	Jasper	Dubois
Lichtenberg, Melvin	Indianapolis	Marion	Lukenbill, Emery D.	Indianapolis	Marion
Lidikay, Edward C.	Indianapolis	Marion	Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Life, Homer L.	New Castle	Henry	Lundeberg, Ralph A.	Griffith	Lake
Lind, Jaap J.	Mulberry	Clinton	Lundt, Milo O.	Elkhart	Elkhart
Lindenberg, Paul G.	Indianapolis	Marion	Lung, Bruce D.	Kokomo	Howard
Lindsay, Hamlin B.	Washington	Daviess- Martin	Lurie, Paul R.	Indianapolis	Marion
Lindsey, Sherman B.	Evansville	Vanderburgh	Luros, J. Theodore	Indianapolis	Marion
Line, Homer E. (S)	Chili	Miami	Lutes, David L.	Edinburg	Johnson
Ling, John F.	Richmond	Wayne-Union	Lutz, Georgianna	Gary	Lake
Lingeman, Byron N.	Crawfordsville	Montgomery	Luzadder, John E.	New Carlisle	St. Joseph
Lingeman, Raleigh E.	Indianapolis	Marion	Lybrook, Daniel E.	Young America	Cass
Lingeman, Roger E.	Indianapolis	Marion	Lybrook, William B.	Indianapolis	Marion
Link, Goethe (S)	Indianapolis	Marion	Lynch, Harold D.	Evansville	Vanderburgh
Link, William C.	Bloomington	Owen-Monroe	Lynch, Otis R.	Marengo	Harrison- Crawford
Linn, Elbert E.	La Porte	La Porte	Lynn, Frank M. (S)	Peru	Miami
Linton, Charles D.	Walkerton	St. Joseph	Lyon, Florence M.	Portland	Jay
Lionberger, John R.	South Bend	St. Joseph	Lyon, William C.	Fort Wayne	Allen
Lippoldt, Charles L.	Oldenburg	Ripley	Lyons, L. Mason	Terre Haute	Vigo
Lipse, Alfred J.	Hammond	Lake	Lyons, Robert C.	South Bend	St. Joseph
			Lyons, Robert E.	Bloomington	Owen-Monroe

Name	City	County	Name	City	County
M					
MacDonald, John A. (S)	Interlaken, N. Y.	Marion	Marvel, Robert J.	Indianapolis	Marion
MacKenzie, Pierce	Evansville	Vanderburgh	Maschmeyer, Robert H.	Logansport	Cass
MacLeod, Donald F.	Crown Point	Lake	Mason, Bernard A.	South Bend	St. Joseph
MacNamee, D. Hugh	Marion	Grant	Mason, Donald G.	Angola	Steuben
Macer, Clarence G.	Evansville	Vanderburgh	Mason, Everett E.	Evansville	Vanderburgh
Machledt, John H.	Whiteland	Johnson	Mason, Lester M.	Terre Haute	Vigo
Mackel, Frederick O.	Fort Wayne	Allen	Mason, Richard L.	Hammond	Lake
Mackey, Harry S.	Indianapolis	Marion	Massanari, Walter	Millersburg	Elkhart
Mackey, John E.	Indianapolis	Marion	Masters, John M.	Indianapolis	Marion
Macy, George W.	Columbus	Bartholomew- Brown	Masters, Robert J.	Indianapolis	Marion
Madden, Robert J.	Indianapolis	Marion	Maternowski, Chester J.	Valparaiso	Porter
Mader, John H.	Richmond	Wayne-Union	Mather, Charles R.	Lafayette	Tippecanoe
Madston, A. Ricks	Indianapolis	Marion	Mather, J. Winford	East Gary	Lake
Magennis, Herbert L.	Indianapolis	Marion	Mather, Robert L.	Frankfort	Clinton
Magid, Bernard	Indianapolis	Marion	Matheus, Charles	Union City	Randolph
Mahaffy, John H.	Stockbridge, Mass.	Vanderburgh	Mathys, Alfred (S)	Mauckport	Harrison- Crawford
Mahank, Camiel C.	Mishawaka	St. Joseph	Matthew, John R.	North Judson	Starke
Mahoney, Charles L.	Terre Haute	Vigo	Matthew, W. Burleigh	Indianapolis	Marion
Majsterek, Stanley L.	Gary	Lake	Matthews, Bernard J.	Indianapolis	Marion
Makovsky, Theodore	Valparaiso	Porter	Matthews, Charles B. (S)	Hammond	Lake
Malcolm, Russell	Richmond	Wayne-Union	Matthews, Dennis W. (S)	North Vernon	Jennings
Malone, Leander A.	Terre Haute	Vigo	Matthews, William M.	Indianapolis	Marion
Malott, Fred R.	Converse	Miami	Mattmiller, Everette D.	Avilla	Noble
Malouf, Stephen D.	Peru	Miami	Mattox, Don M.	Terre Haute	Vigo
Manalan, Maurice M.	Indianapolis	Marion	Maurer, J. Frank	Brazil	Clay
Manders, Karl L.	Indianapolis	Marion	Maurer, Robert M.	Brazil	Clay
Manifold, Harold M.	Fortville	Hancock	Maxson, Roy V.	Anderson	Madison
Manion, Marlow W.	Indianapolis	Marion	Maxwell, John B. (S)	Logansport	Cass
Mankin, William J.	Terre Haute	Vigo	May, George A.	Madison	Jefferson- Switzerland
Mann, Mortimer	Indianapolis	Marion	May, Richard M.	Gary	Lake
Manning, George	Fort Wayne	Allen	Mayfield, Clifford H. (S)	Reynolds	White
Manning, K. Randolph	Indianapolis	Marion	McAdams, Hugh B.	Lafayette	Tippecanoe
Manzie, Michael W.	Indianapolis	Marion	McAdams, Robert	Lafayette	Tippecanoe
Maple, James B. (S)	Sullivan	Sullivan	McArdle, Edward G.	Fort Wayne	Allen
Marchand, Edwin V.	Haubstadt	Gibson	McArt, Bruce A.	Elkhart	Elkhart
Marchant, Clarence H.	Bloomington	Owen-Monroe	McAtee, Ott B.	Madison	Jefferson- Switzerland
Marcus, Emanuel	Hammond	Lake	McBride, James S.	Indianapolis	Marion
Marcus, Morris C.	Gary	Lake	McBride, Noel S.	Terre Haute	Vigo
Maris, Lee J.	Attica	Fountain- Warren	McCallister, John W.	Fort Wayne	Allen
Markel, Ivan J.	Elkhart	Elkhart	McCallum, Joseph T. C.	Indianapolis	Marion
Markey, Richard J. P.	Highland	Lake	McCarthy, Jeremiah A.	Whiting	Lake
Markle, Joseph G.	Hobart	Lake	McCartney, Donald H.	Indianapolis	Marion
Marks, Howard H.	Huntington	Huntington	McCarty, Virgil	Princeton	Gibson
Marks, Maurice I.	Indianapolis	Marion	McCaskey, Carl H. (S)	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake	McClain, Edwin S.	Indianapolis	Marion
Marks, Salvo P.	Hammond	Lake	McClain, Marvin L.	Scottsburg	Scott
Marr, Griffith	Columbus	Bartholomew- Brown	McClelland, Donald C.	Lafayette	Tippecanoe
Marsh, Carl M.	Indianapolis	Marion	McClelland, Harry N.	Alexandria	Madison
Marsh, Chester A.	Hagerstown	Wayne-Union	McClintock, James A.	Muncie	Delaware- Blackford
Marsh, George W.	Lafayette	Tippecanoe	McClure, Clark	Knox	Starke
Marsh, William L.	Lafayette	Tippecanoe	McClure, Stanley E.	Monon	White
Marshall, Albert L., Jr.	Indianapolis	Marion	McClure, Warren N.	Kokomo	Howard
Marshall, Caesar L.	Fort Wayne	Allen	McConnell, William C.	Sunman	Ripley
Marshall, Cavins R.	Indianapolis	Marion	McCool, Joseph H.	Evansville	Vanderburgh
Marshall, George L. (S)	Bourbon	Marshall	McCord, Carl B.	Veedersburg	Fountain- Warren
Marshall, Lloyd C.	Mt. Summit	Henry	McCormack, Lloyd L.	Fremont	Steuben
Marshall, Millard R.	Gary	Lake	McCormick, Charles O., Jr.	Indianapolis	Marion
Marske, Robert L.	Michigan City	La Porte	McCormick, Charles O., Jr.	Indianapolis	Marion
Martin, Charles E.	Lynn	Randolph	McCormick, Hubert D.	Vincennes	Knox
Martin, Charles F.	Mishawaka	St. Joseph	McCormick, Wilbur C.	Brazil	Clay
Martin, Floyd S.	Goshen	Elkhart	McCoy, George E.	Muncie	Delaware- Blackford
Martin, Guy	Seymour	Jackson	McCoy, Melvin H.	Indianapolis	Marion
Martin, Hugh E.	Indianapolis	Marion	McCoy, Roy R.	Fort Wayne	Allen
Martin, Loren H.	Indianapolis	Marion	McCraley, William J.	South Bend	St. Joseph
Martin, Paul H.	Elkhart	Elkhart	McCrea, Fred R.	Terre Haute	Vigo
Martin, Samuel W.	Corydon	Harrison- Crawford	McCullough, Henry G.	Columbus	Bartholomew- Brown
Martin, William B.	La Porte	La Porte	McCullough, James Y.	New Albany	Floyd
Martz, Bill L.	Indianapolis	Marion	McDaniel, Franklin P. (S)	Atlanta	Hamilton
Martz, Carl D.	Indianapolis	Marion	McDevitt, Daniel R.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe			

Name	City	County	Name	City	County
McDonald, Frank C.	New Castle	Henry	Mendez, Carlos	Elkhart	Elkhart
McDonald, Joseph D.	Evansville	Vanderburgh	Mensch, James R.	Fort Wayne	Allen
McDonald, Ralph M.	South Bend	St. Joseph	Mentendiek, Maurice H.	Indianapolis	Marion
McDonald, Vergil G.	Anderson	Madison	Mercer, Samuel R.	Fort Wayne	Allen
McDougal, Robert A.	Indianapolis	Marion	Merchant, Raymond	Lake Village	Jasper-Newton
McDowell, Fletcher W.	Muncie	Delaware-Blackford	Meredith, Elwood J.	Richmond	Wayne-Union
McDowell, George A.	Fort Wayne	Allen	Mericle, Earl W.	Indianapolis	Marion
McDowell, Mordecai M.	Vincennes	Knox	Merrell, Basil M.	Rockville	Parke-Vermillion
McEachern, Cecil G.	Fort Wayne	Allen	Merrell, Paul	Indianapolis	Marion
McElroy, James S.	New Castle	Henry	Mertz, Henry O.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson	Mertz, John H. O.	Indianapolis	Marion
McEwen, James W.	Terre Haute	Vigo	Messer, Frank W.	Kendallville	Noble
McFadden, James M.	Lafayette	Tippecanoe	Metcalf, Grant E.	South Bend	St. Joseph
McFall, J. R. S.	Fort Wayne	Allen	Meyer, Hans	Butlerville	Jennings
McFarland, Corley B.	South Bend	St. Joseph	Meyer, Herman A.	Fort Wayne	Allen
McGilvray, Eva R. T.	Rockville	Parke-Vermillion	Meyer, Keith T.	Evansville	Vanderburgh
McGrath, Michael F.	Indianapolis	Marion	Meyer, Milo G.	Michigan City	La Porte
McGue, Frank J.	Gary	Lake	Meyer, Orlando L.	Bedford	Lawrence
McGuff, Paul E.	Indianapolis	Marion	Meyer, Theodore O.	Fort Wayne	Allen
McGuire, Desmond F.	East Chicago	Lake	Meyn, Werner P.	Terre Haute	Vigo
McIlroy, Richard J.	Richmond	Wayne-Union	Michaelis, Stephen C.	Fort Wayne	Allen
McIlwain, Eleanor E.	Warren	Huntington	Michaels, Joseph F. (S)	Edinburg	Johnson
McIlwain, Robert E.	Warren	Huntington	Middleton, Harvey N.	Indianapolis	Marion
McIndoo, Ralph E.	Kokomo	Howard	Middleton, Thomas O.	Bloomington	Owen-Monroe
McIntire, Clarence R.	Bloomington	Owen-Monroe	Mikloszek, John E.	South Bend	St. Joseph
McIntosh, Wilbert	Riley	Vigo	Milan, Joseph F.	Terre Haute	Vigo
McIntyre, Charles J. (S)	Indianapolis	Marion	Miller, Charles L.	Indianapolis	Marion
McIntyre, James M.	Indianapolis	Marion	Miller, Dan T.	Fowler	Benton
McKee, Harry G.	Rushville	Rush	Miller, Donald C.	Cedar Lake	Lake
McKee, Roy G.	New Castle	Henry	Miller, Ebbo H.	Valparaiso	Porter
McKeeman, Donald H.	Fort Wayne	Allen	Miller, Edward D.	Fort Wayne	Allen
McKeeman, Leland S.	Fort Wayne	Allen	Miller, Frank H.	Indianapolis	Marion
McKenna, Henry J.	South Bend	St. Joseph	Miller, Galen R.	Elkhart	Elkhart
McKinley, A. David	Indianapolis	Marion	Miller, H. Allison	Marion	Grant
McKinley, Joseph	Lafayette	Tippecanoe	Miller, H. Paul	Fort Wayne	Allen
McKinney, Daniel H.	Lafayette	Tippecanoe	Miller, Harold E.	Seymour	Jackson
McKittrick, Jack	Washington	Daviess-Martin	Miller, Henderson L. (S)	West Baden Springs	Orange
McLaughlin, Calvin P.	Pendleton	Madison	Miller, Hugh A.	Elkhart	Elkhart
McLaughlin, Gordon C.	Terre Haute	Vigo	Miller, J. Don (S)	Indianapolis	Marion
McLaughlin, James R.	Flora	Carroll	Miller, James C.	Greensburg	Decatur
McLean, James S.	Hammond	Lake	Miller, John D.	Indianapolis	Marion
McLelland, Mary R.	Bloomington	Owen-Monroe	Miller, Joseph A.	Oaklandon	Marion
McMahan, Virgil C.	Vincennes	Knox	Miller, LaVerne B.	Evansville	Vanderburgh
McMath, Samuel B.	Gary	Lake	Miller, Mahlon F.	Fort Wayne	Allen
McMichael, Frank J.	Hernando, Fla	Lake	Miller, Milton	Evansville	Vanderburgh
McMillan, Frederick G. (S)	Indianapolis	Marion	Miller, Milo K.	South Bend	St. Joseph
McNabb, George B.	Carthage	Rush	Miller, Minor	Evansville	Vanderburgh
McNabb, Richard C.	Knightstown	Henry	Miller, Orval J.	Fort Wayne	Allen
McNaughton, Lawrence M.	Washington	Daviess-Martin	Miller, Raleigh S.	Indianapolis	Marion
McNeely, Matthew J.	Dillsboro	Dearborn-Ohio	Miller, Ray D.	Martinsville	Morgan
McQuiston, Ralph J.	Indianapolis	Marion	Miller, Richard C.	Shelbyville	Shelby
McTurnan, Robert W.	Indianapolis	Marion	Miller, Richard H.	Fort Wayne	Allen
McVey, Clarence A.	Hammond	Lake	Miller, Robert B.	Fort Wayne	Allen
McWilliams, William B.	Liberty	Wayne-Union	Miller, Robert J.	Evansville	Vanderburgh
Mead, Clarence H.	Bluffton	Wells	Miller, Roland E.	Lafayette	Tippecanoe
Mead, Frank E.	La Porte	La Porte	Miller, Samuel T.	Elkhart	Elkhart
Meade, Walter W.	Bicknell	Knox	Miller, Virgil C.	Akron	Fulton
Medcalf, Norman L.	Lamar	Spencer	Miller, Wallace E.	Indianapolis	Marion
Megenhardt, Dennis S.	Indianapolis	Marion	Miller, William A.	Hagerstown	Wayne-Union
Mehne, Richard G.	Brazil	Clay	Miller, William J.	Fort Wayne	Allen
Meikle, Louise J.	W. Lafayette	Tippecanoe	Milleson, Ann L. M.	Terre Haute	Vigo
Meiks, Lyman T.	Indianapolis	Marion	Millis, Arthur B.	Richmond	Wayne-Union
Meiner, Joseph A. (S)	Kokomo	Howard	Millis, Robert J.	Crawfordsville	Montgomery
Meiser, Robert D.	Huntington	Huntington	Mills, Fred E.	Evansville	Vanderburgh
Meister, Doris (S)	Anderson	Madison	Mills, John F.	Wabash	Wabash
Melin, John R.	Indianapolis	Marion	Milne, Walter S.	Michigan City	La Porte
Melloh, Ardis F.	Indianapolis	Marion	Milos, Robert J.	Gary	Lake
Mendelson, Stanley M.	Kokomo	Howard	Milroy, Robert A.	Valparaiso	Porter
Mendenhall, Clarence D.	Indianapolis	Marion	Mincewski, Richard C.	Gary	Lake
Mendenhall, Edgar	Fort Wayne	Allen	Minick, Linus J.	Churubusco	Whitley
			Mininger, Edward P.	Elkhart	Elkhart
			Mino, Raymond W.	Evansville	Vanderburgh
			Mino, Robert A.	Evansville	Vanderburgh

Name	City	County	Name	City	County
Mintz, Alfred M.	Hammond	Lake	Mosier, Jack M.	New Castle	Henry
Mirro, John A.	Lowell	Lake	Moss, Bobby L.	Indianapolis	Marion
Misch, William	Cedar Lake	Lake	Moss, Harlan B.	Indianapolis	Marion
Mishkin, Irving	Elkhart	Elkhart	Moss, Mavor J.	Yorktown	Delaware- Blackford
Mishler, Joe B.	Indianapolis	Marion	Moswin, Jack A.	Gary	Lake
Mitchell, Edgar T. (S)	Romney	Tippecanoe	Mothersill, Mark H.	Indianapolis	Marion
Mitchell, Earl H.	Indianapolis	Marion	Mott, Cassell A.	South Bend	St. Joseph
Mitchell, Edward O.	Indianapolis	Marion	Moulton, Lillian G.	Indianapolis	Marion
Mitchell, George H.	Indianapolis	Marion	Mount, Mathias S.	Bloomfield	Greene
Mitchell, George L.	Smithville	Owen-Monroe	Mount, William M.	Crawfordsville	Montgomery
Mitman, Floyd B.	Huntington	Huntington	Mountain, Francis B.	Connersville	Fayette- Franklin
Moats, Carl F.	Fort Wayne	Allen	Mouser, Robert W.	Indianapolis	Marion
Moats, George E.	Fort Wayne	Allen	Mudd, Joseph P.	Clarksville	Clark
Modisett, Jackson W.	Madison	Jefferson- Switzerland	Muelchi, Adeline F.	Evansville	Vanderburgh
Modisett, Marcella S.	Madison	Jefferson- Switzerland	Mullen, James B.	Indianapolis	Marion
Modjeska, Gerald S.	Chicago, Ill.	Marion	Mueller, Hilbert M.	South Bend	St. Joseph
Modjeski, Joseph R.	Hammond	Lake	Mueller, Lawrence W.	Fort Wayne	Allen
Modjeski, Raymond J.	Hammond	Lake	Mueller, Lillian B.	Indianapolis	Marion
Moehlenkamp, Chas. E.	Evansville	Vanderburgh	Muhleman, Charles E.	La Porte	La Porte
Moeller, Victor C.	Fort Wayne	Allen	Muller, Lullus P.	Indianapolis	Marion
Moenning, Walter P.	Indianapolis	Marion	Muller, Paul F.	Indianapolis	Marion
Mohler, Floyd W.	Columbus	Bartholomew- Brown	Muller, Victor H.	Indianapolis	Marion
Molengraft, Cornelius J.	Gary	Lake	Mumford, E. Bishop (S)	Indianapolis	Marion
Molloy, William J. (S)	Muncie	Delaware- Blackford	Muncie, Henry L. (S)	Cloverland	Clay
Molt, Wm. F. (S)	Indianapolis	Marion	Munk, Cleorie E.	Kendallville	Noble
Monar, Michael	Rockport	Spencer	Murdock, Harvey L.	Fort Wayne	Allen
Monroe, F. Bruce	Gary	Lake	Murphy, Eugene C.	South Bend	St. Joseph
Montgomery, Lall G.	Muncie	Delaware- Blackford	Murphy, Edgar W.	New Albany	Floyd
Montgomery, William F.	Indianapolis	Marion	Murphy, Edward U.	Evansville	Vanderburgh
Moon, Charles E.	Center Point	Clay	Murphy, Harold O.	Warsaw	Kosciusko
Moore, Ben B.	Indianapolis	Marion	Murphy, Harry E.	Franklin	Johnson
Moore, Donald F.	Indianapolis	Marion	Murphy, Joseph F.	Lansing, Ill.	Lake
Moore, E. Gregory	Gary	Lake	Murphy, Josephine	South Bend	St. Joseph
Moore, Edwin G.	Gary	Lake	Murphy, Maurice G.	Morgantown	Morgan
Moore, Harold T.	Indianapolis	Marion	Murray, Ernest C.	Kokomo	Howard
Moore, Martha	Madison	Jefferson- Switzerland	Murray, James S.	Beverly Hills, Calif.	Marion
Moore, Richard B.	Indianapolis	Marion	Murray, William E.	Madison	Jefferson- Switzerland
Moore, Robert G.	Vincennes	Knox	Musacchio, Frederick A.	Hammond	Lake
Moore, Thomas C.	Muncie	Delaware- Blackford	Musselman, Glen G.	Terre Haute	Vigo
Moore, Will C.	Muncie	Delaware- Blackford	Myers, Charles W.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte	Myers, Roy V.	Indianapolis	Marion
Moran, Mark M.	Portland	Jay	N		
Moran, Noel D.	Versailles	Ripley			
Moravec, Arthur E.	Fort Wayne	Allen	Nafe, Cleon A.	Indianapolis	Marion
Morchan, Samuel	Indianapolis	Marion	Nagan, Robert F.	Indianapolis	Marion
Morec, George J.	Hammond	Lake	Nahrwold, Elmer W.	Fort Wayne	Allen
Morgan, Margaret E.	Indianapolis	Marion	Nakadate, Katsumi J.	Walla Walla, Wash.	Lake
Mori, Victor M.	Indianapolis	Marion	Napper, Floyd S.	Scottsburg	Scott
Moriarty, John R.	Indianapolis	Marion	Nash, Justin R.	Albion	Noble
Morrical, Russell J.	Logansport	Cass	Nason, Robert A.	Garrett	De Kalb
Morris, Hyman	Gary	Lake	Nassef, George	West Palm Beach, Fla.	St. Joseph
Morris, Jean W.	Muncie	Delaware- Blackford	Navin, Hugh K.	Fortville	Hancock
Morris, Robert A.	Anderson	Madison	Navarre, Vincent J.	Whiting	Lake
Morris, Warren V.	Monticello	White	Nay, Ernest O.	Terre Haute	Vigo
Morrison, George C.	Portland	Jay	Nay, Richard M.	Indianapolis	Marion
Morrison, John S. (S)	Lafayette	Tippecanoe	Neal, Leonard W.	Hammond	Lake
Morrison, James T.	Greensburg	Decatur	Neale, Alfred E.	Anderson	Madison
Morrison, Lindsey (S)	Hammond	Lake	Need, Louis T.	Indianapolis	Marion
Morrison, Lewis E.	Indianapolis	Marion	Neely, Alonzo S. (S)	New Middletown	Harrison- Crawford
Morrison, William R.	Kokomo	Howard	Neidballa, Edward G.	Bristol	Elkhart
Mortenson, Leland J.	Fort Wayne	Allen	Neifert, Noel L.	Tell City	Perry
Morton, Joseph L.	Indianapolis	Marion	Nelson, Carl A.	West Lebanon	Fountain- Warren
Morton, Walter P.	Indianapolis	Marion	Nelson, F. Dale	South Bend	St. Joseph
Moser, Elmer B. (S)	Windfall	Tipton	Nelson, John W.	A.P.O. 154, New York	Marion
Moser, Edward (S)	Woodburn	Allen	Nelson, Paul L.	Anderson	Madison
Moser, Rollin H.	Indianapolis	Marion	Nelson, Raymond E.	South Bend	St. Joseph
Moses, George E.	Worthington	Greene	Nelson, Walfred A.	Gary	Lake
Moses, Robert E.	Worthington	Greene	Nenneker, Henry (S)	Evansville	Vanderburgh

Name	City	County
Nesbit, Leonard L.	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Netherton, Clyde R.	Chalmers	White
Neucks, Howard C.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newland, Arthur E.	Bedford	Lawrence
Newman, Alvin E.	Evansville	Vanderburgh
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Thomas H.	Knox	Starke
Nicholson, Ray W.	Indianapolis	Marion
Nickel, Allen A. C.	Bluffton	Wells
Nicosia, John B.	East Chicago	Lake
Nie, Grover M.	Huntington	Huntington
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nigh, Rufus M.	Fairland	Shelby
Nilges, Richard G.	Gary	Lake
Nill, John H.	Fort Wayne	Allen
Nisenbaum, Harold	Evansville	Vanderburgh
Nixon, Byron	Farmland	Randolph
Noble, Thomas B., Jr.	Indianapolis	Marion
Nodinger, Louis	Hammond	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolt, Ernest V.	Columbia City	Whitley
Nolting, Henry F.	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Norman, William H.	Indianapolis	Marion
Norris, Allen A. (S)	Elkhart	Elkhart
Norris, Ernest B.	Middlebury	Elkhart
Norris, Howard L.	Indianapolis	Marion
Norris, Mary Alice	A.P.O. 175, New York	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
Norton, Harold J.	Columbus	Bartholomew-Brown
Norton, Horace	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Novy, Charles A.	Garrett	De Kalb
Nowack, Henry J.	Marion	Grant
Nugen, Harold	Auburn	De Kalb
Nugent, Edwin J.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush

O

Oak, David D.	LaCrosse	La Porte
Oak, David D., Jr.	Hanna	La Porte
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper-Newton
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Ochsner, Harold C.	Indianapolis	Marion
Ockerman, Kenneth R.	Rensselaer	Jasper-Newton
O'Connor, James J.	San Gabriel, Calif.	Lake
O'Dell, Harry C.	Farmersburg	Sullivan
Offutt, Andrew C.	Indianapolis	Marion
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Oliphant, Frank W.	Mount Vernon	Posey
Oliphant, Robert W.	Terre Haute	Vigo
Olson, John R.	Indianapolis	Marion
Olson, Kenneth L.	South Bend	St. Joseph

Name	City	County
Olson, William H.	Michigan City	La Porte
Olvey, Ottis N.	Indianapolis	Marion
O'Malley, Martha A.	Indianapolis	Marion
Omstead, Milton	Petersburg	Pike
Omstead, Trevalyn W.	Huntington	Huntington
O'Neill, Martin J.	Valparaiso	Porter
Onyett, Harold R.	Greenwood	Johnson
Oppenheimer, Ernst	Evansville	Vanderburgh
Orders, Clarke E. (S)	Indianapolis	Marion
Ornelas, Joseph P.	Gary	Lake
O'Rourke, Carroll	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Osborne, Harry S. (S)	Leesburg, Fla.	Marion
Oster, Jack H.	Westville	La Porte
Osterman, Louis H.	Seymour	Jackson
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Otten, Ralph E.	Darlington	Montgomery
Ottinger, Ross C.	Indianapolis	Marion
Overpeck, Charles	Greensburg	Decatur
Overpeck, George H.	Alexandria	Madison
Overshiner, Lyman	Columbus	Bartholomew-Brown

Owen, Abraham M.	Bloomington	Owen-Monroe
Owen, John E.	Indianapolis	Marion
Owen, Margaret A.	Bloomington	Owen-Monroe
Owens, Richard R.	Muncie	Delaware-Blackford

Owens, Thomas R.	Muncie	Delaware-Blackford
Owens, Tracy C.	Indianapolis	Marion
Owsley, Guy A.	Hartford City	Delaware-Blackford
Oyer, John H.	Fort Wayne	Allen

P

Pace, Jerome V.	Rockville	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Palm, John M.	Brazil	Clay
Palmer, Robert M.	Indianapolis	Marion
Palmer, Russell H.	Gary	Lake
Panares, Solomon V.	Hammond	Lake
Pancost, Vernon K.	Elkhart	Elkhart
Pandolfo, Harry	Indianapolis	Marion
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Indianapolis	Marion
Parker, Carey B.	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C.	Hobart	Lake
Parker, John F.	Indianapolis	Marion
Parker, Portia	Indianapolis	Marion
Parks, George	Hartford City	Delaware-Blackford

Parmenter, Harry B.	Sullivan	Sullivan
Parmley, Walter E., Jr.	Los Angeles, Calif.	St. Joseph

Parr, Robert L.	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	South Bend	St. Joseph
Parsons, Robert L.	South Bend	St. Joseph
Pascale, Luke R.	East Chicago	Lake
Passino, James	Richmond	Wayne-Union
Pastor, Julius W.	Evansville	Vanderburgh
Patrick, Glenn B.	Elkhart	Elkhart
Patten, Vernon C. (S)	Morristown	Shelby
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Patton, Martin T.	Indianapolis	Marion

Name	City	County	Name	City	County
Paul, Daniel F.	Kentland	Jasper-Newton	Pizzo, Anthony	Bloomington	Owen-Monroe
Paul, Leonard G.	Michigan City	La Porte	Plain, George	South Bend	St. Joseph
Paulissen, George T.	Indianapolis	Marion	Plank, C. Robert	Michigan City	La Porte
Pauszek, Thomas B.	South Bend	St. Joseph	Ploetner, Edward J.	Jasper	Dubois
Payne, Arthur C.	East Chicago	Lake	Ploughe, Ralph R.	Elwood	Madison
Paynter, Morris B.	Southport	Marion	Polhemus, Warren C.	Anderson	Madison
Paynter, William	Pekin	Washington	Pollard, Walter S.	Evansville	Vanderburgh
Peacock, Norman F.	Crawfordsville	Montgomery	Pomeroy, Rex K.	Plymouth	Marshall
Peacock, Robert C.	Muncie	Delaware- Blackford	Ponczek, Edward	Fort Wayne	Allen
Pearce, Roy V.	Terre Haute	Vigo	Pontius, Edwin E.	Indianapolis	Marion
Pearlman, Samuel S. (S)	Lafayette	Tippecanoe	Poolitson, George C.	Bloomington	Owen-Monroe
Pearson, John S.	Indianapolis	Marion	Popp, Milton F.	Fort Wayne	Allen
Pearson, Lyman R.	Indianapolis	Marion	Popplewell, Arvine G.	Indianapolis	Marion
Pearson, William E.	Wabash	Wabash	Poracky, Bernard F.	Gary	Lake
Pebworth, Aubrey C. (S)	Indianapolis	Marion	Porro, Francis W.	Evansville	Vanderburgh
Peck, Franklin B., Jr.	Indianapolis	Marion	Porter, Carl M.	Jasonville	Greene
Peck, Franklin B.	Indianapolis	Marion	Porter, Dale	Ann Arbor, Mich.	Marion
Peck, Edward A.	Hammond	Lake	Porter, Jack	Lebanon	Boone
Peck, James F.	Princeton	Gibson	Porter, Robert A.	Westport	Decatur
Peiffer, Geraldine M.	Hammond	Lake	Portteus, Walter L.	Franklin	Johnson
Peirce, James D.	Indianapolis	Marion	Poston, Clement L.	Laurel	Fayette- Franklin
Peltier, Hubert C.	South Bend	St. Joseph	Potter, Brian	Washing- ton, D. C.	La Porte
Pennington, Walter E.	Indianapolis	Marion	Potter, Richard M.	Ridgeville	Randolph
Perlov, Sylvan H.	Indianapolis	Marion	Potter, Thomas P., Jr.	Johnson City, Tenn.	St. Joseph
Permer, Erwin	Indianapolis	Marion	Powell, J. Paxton	Marion	Grant
Perrin, Kermit F.	Fort Wayne	Allen	Powell, M. Jack	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen	Prather, Philip E.	Kokomo	Howard
Person, Theodore C.	Veedersburg	Fountain- Warren	Pratt, Ralph M., Jr.	Madison	Jefferson- Switzerland
Perucca, Leo G.	Long Beach, Calif.	Marion	Predd, Adolph C.	La Porte	La Porte
Peters, Elmer E.	Brookville	Fayette- Franklin	Premuda, Franklin F.	Hammond	Lake
Peterson, Deward D.	Indianapolis	Marion	Prenatt, Francis	Madison	Jefferson- Switzerland
Peterson, Joel A.	Lafayette	Tippecanoe	Prentiss, Nelson H.	Oteen, N. C.	Allen
Petitjean, Harold G.	Haubstadt	Gibson	Present, Julian	Evansville	Vanderburgh
Petranoff, Theodore V.	Indianapolis	Marion	Price, Douglas W.	Nappanee	Elkhart
Petrass, Andrew	South Bend	St. Joseph	Price, Francis W.	Indianapolis	Marion
Petrich, Peter R.	Attica	Fountain- Warren	Price, James O.	Indianapolis	Marion
Petry, T. Neal	Delphi	Carroll	Price, Shirley G.	Evansville	Vanderburgh
Pettijohn, Fred L. (S)	Indianapolis	Marion	Priebe, Fred H.	Hillsboro	Fountain- Warren
Peyton, Frank W.	Lafayette	Tippecanoe	Proudfit, Charles H.	South Bend	St. Joseph
Pfaff, Dudley A.	Indianapolis	Marion	Province, Oran A.	Franklin	Johnson
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio	Province, William D.	Franklin	Johnson
Pfuetze, Max	Logansport	Cass	Pruitt, J. Edward	Gary	Lake
Phares, Robert W.	Kokomo	Howard	Pryor, Richard C.	Indianapolis	Marion
Phelps, Stephen R.	South Bend	St. Joseph	Pugh, Willis L.	Evansville	Vanderburgh
Philbrook, Seth S.	La Porte	La Porte	Pulskamp, Bertrand H.	Wolcottville	Noble
Phillips, David L.	Indianapolis	Marion	Purcell, Jack H.	Louisville, Ky.	Warrick
Phillips, John F.	Bluffton	Wells	Purcell, Richard J.	Griffith	Lake
Phipps, Leland K.	Union City	Randolph	Puterbaugh, Karl E.	Albany	Delaware- Blackford
Piazza, Leonard F.	Michigan City	La Porte	Pyle, Harold D.	South Bend	St. Joseph
Pickett, Paul	Clinton	Parke- Vermillion	Quarles, E. Bryan	Bloomington	Owen-Monroe
Pickett, Merle E.	Fort Wayne	Allen	Quick, William J.	Muncie	Delaware- Blackford
Pickett, Robert D.	Indianapolis	Marion	Quickel, Daniel S. (S)	Anderson	Madison
Pierce, Emmett, Jr.	Attica	Fountain- Warren	Quigley, Joseph B.	Indianapolis	Marion
Pierce, Gene S.	New Albany	Floyd	Quilty, Thomas J.	Goshen	Elkhart
Pierce, Harold J.	Terre Haute	Vigo			
Pierce, William J.	Brookston	White			
Pierson, Robert H.	Crawfordsville	Montgomery			
Pierson, Thomas A.	New Palestine	Hancock			
Pietz, David G.	Bluffton	Wells			
Pike, Warren H.	Hobart	Lake			
Pilcher, Jack E.	Indianapolis	Marion			
Pilecki, Peter J.	Michigan City	La Porte			
Pilot, Jean	Hammond	Lake			
Pinsky, Sheldon T.	Indianapolis	Marion			
Pippenger, Wayne G.	Muncie	Delaware- Blackford			
Pirkle, Hubert B.	Rockville	Parke- Vermillion			
Pitkin, Edward M.	Martinsville	Morgan			
Pitkin, McKendree C.	Martinsville	Morgan			

Name	City	County	Name	City	County
Ramage, Walter F.	Beech Grove	Mazon	Rice, Wilkie B.	Fort Wayne	Allen
Ramey, John W.	Kokomo	Howard	Rich, Norval	Decatur	Adams
Ramker, Daniel T.	Hammond	Lake	Richard, Norman F.	Shelbyville	Shelby
Ramsdell, Glen A.	Richmond	Wayne-Union	Richards, David H. (S)	Vincennes	Knox
Ramsey, Frank B.	Indianapolis	Marion	Richards, Edgar E.	Russellville	Putnam
Ramsey, Hugh S.	Bloomington	Owen-Monroe	Richardson, Charles L.	Rochester	Fulton
Raney, Ben B.	Linton	Greene	Richardson, Thad T.	Indianapolis	Marion
Rang, Arthur A.	Washington	Daviess- Martin	Richart, James V.	Terre Haute	Vigo
Rang, Robert H.	Washington	Daviess- Martin	Richer, Orville H.	Warsaw	Kosciusko
Rasch, George C., Jr.	Hammond	Lake	Richter, Arthur B.	Indianapolis	Marion
Rasmussen, Ruth F.	South Bend	St. Joseph	Richter, John C.	La Porte	La Porte
Ratcliff, Frank W.	Lafayette	Tippecanoe	Richter, Samuel	Gary	Lake
Ratcliffe, Albert W.	Evansville	Vanderburgh	Ricketts, Joseph W.	Indianapolis	Marion
Rathkey, Arthur S.	Muncie	Delaware- Blackford	Ridgeway, Ora W. (S)	Indianapolis	Marion
Rausch, Norman W.	Angola	Steuben	Ridgway, Alton H.	Lapel	Madison
Rawdin, Bernard D.	Evansville	Vanderburgh	Ridlon, Albert M.	South Whitley	Whitley
Rawles, Lyman T. (S)	Fort Wayne	Allen	Rieger, I. Taylor	Bloomington	Owen-Monroe
Rawlins, Carolyn M.	Hammond	Lake	Rifner, Eugene S.	Van Buren	Grant
Ray, Herbert A. (S)	Fort Wayne	Allen	Rigg, John F.	Indianapolis	Marion
Rayl, Donald F.	Evansville	Vanderburgh	Riggs, Floyd C.	Terre Haute	Vigo
Raymundo, Vivencio F.	Attica	Fountain- Warren	Rigley, Edward L.	South Bend	St. Joseph
Rebhun, Joseph	San Fran- cisco, Calif.	Lake	Riley, Frank H. (S)	Jamestown	Boone
Reck, John L.	Sheridan	Hamilton	Rimel, James F.	Plymouth	Marshall
Records, Arthur W.	Franklin	Johnson	Ringham, Jarrett	Evansville	Vanderburgh
Reed, Donald	Culver	Marshall	Rininger, Harold C.	Evansville	Vanderburgh
Reed, John	Hobart	Lake	Rinker, Earl B.	Indianapolis	Marion
Read, John E.	A.P.O. 862, New York	Porter	Rinne, John I.	Lapel	Madison
Reed, Nelle C.	Michigan City	La Porte	Ripley, John W.	Seymour	Jackson
Reed, Philip B.	Indianapolis	Marion	Rissing, Walter J.	Fort Wayne	Allen
Reed, Robert C.	Terre Haute	Vigo	Ritchey, James O.	Indianapolis	Marion
Reed, Robert F.	Mishawaka	St. Joseph	Ritchie, William D.	Evansville	Vanderburgh
Reed, Robert G., Jr.	Plymouth	Marshall	Ritteman, George W.	Columbus	Bartholomew- Brown
Reed, Roger R.	Anderson	Madison	Rittenberg, Henry W.	Indianapolis	Marion
Reed, William C.	Bloomington	Owen-Monroe	Ritter, Wayne L.	Indianapolis	Marion
Reeder, Henry H.	Jeffersonville	Clark	Ritz, Albert S.	Louisville, Ky.	Vanderburgh
Rees, Russel C.	Indianapolis	Marion	Rivers, Glynn A.	Muncie	Delaware- Blackford
Reese, Lawrence W.	Killeen, Texas	Marshall	Robb, John A.	Indianapolis	Marion
Regan, George L.	Sellersburg	Clark	Roberts, Thomas K.	Michigan City	La Porte
Reich, Clarence E.	Evansville	Vanderburgh	Robertson, Addis N.	New Albany	Floyd
Reid, Charles A.	Indianapolis	Marion	Robertson, David W. (S)	Deputy	Jefferson- Switzerland
Reid, Donald B.	Columbia City	Whitley	Robertson, James S.	Plymouth	Marshall
Reid, Robert M.	Columbus	Bartholomew- Brown	Robertson, Ray B.	Indianapolis	Marion
Reid, Robert W.	Union City	Randolph	Robertson, William C.	Chesterton	Porter
Reilly, James F.	Vincennes	Knox	Robertson, William S.	Spiceland	Henry
Reilly, Richard W.	Cedar Lake	Lake	Robinson, Earle U.	Evansville	Vanderburgh
Reisler, Simon	Indianapolis	Marion	Robinson, Frank C.	Arcadia, Calif.	Marion
Reitz, Thomas F.	Evansville	Vanderburgh	Robinson, Walter K.	Gary	Lake
Remich, Antone C.	Hammond	Lake	Robinson, William H.	Mitchell	Lawrence
Renbarger, Lester L.	Marion	Grant	Robison, John S.	Winchester	Randolph
Rendel, Donald T.	Hammond	Lake	Roby, Alma L.	Jeffersonville	Clark
Rendel, Harold E.	Mexico	Miami	Rockey, Noah A.	Fort Wayne	Allen
Reppert, Roland L.	Decatur	Adams	Rodin, Herman H.	South Bend	St. Joseph
Rettig, Arthur C.	Muncie	Delaware- Blackford	Rodriguez, Juan	Fort Wayne	Allen
Reynolds, D. Monroe (S)	Garrett	De Kalb	Roesch, Ryland	Warsaw	Kosciusko
Reynolds, James S.	Gary	Lake	Rogers, Arthur R.	Newburgh	Warrick
Reynolds, Russell P.	Garrett	De Kalb	Rogers, Donald L.	Indianapolis	Marion
Reynolds, Richard J.	Terre Haute	Vigo	Rogers, Evered E.	Auburn	De Kalb
Rhamy, Arthur P.	Marion	Grant	Rogers, Otto F.	Bloomington	Owen-Monroe
Rhamy, Robert K.	Indianapolis	Marion	Rogers, Robert S.	Terre Haute	Vigo
Rhea, Gilbert D.	Greencastle	Putnam	Rogers, Thomas P.	San Diego, Calif.	Marion
Rhea, James C.	Beech Grove	Marion	Roggenkamp, Milton W.	Indianapolis	Marion
Rheinheimer, Floyd L.	Milford	Kosciusko	Rohn, Robert J.	Indianapolis	Marion
Rhind, Alexander W.	Hammond	Lake	Rohr, Joseph H.	Michigan City	La Porte
Rhodes, Theodore D.	Indianapolis	Marion	Rohrer, James R.	Elnora	Daviess- Martin
Rhorer, Herbert M.	Kokomo	Howard	Roll, John W.	Indianapolis	Marion
Rhorer, John G.	Marion	Grant	Roller, Charles W. (S)	Indianapolis	Marion
Rice, Frederic A.	Indianapolis	Marion	Rollins, Thomas K.	Bloomington	Owen-Monroe
Rice, Raymond M.	Indianapolis	Marion	Romberger, Floyd T., Jr.	Indianapolis	Marion
Rice, Reed P.	Indianapolis	Marion	Rommel, Clarence H.	W. Lafayette	Tippecanoe
			Roose, Lisle W.	Nappanee	Elkhart
			Ropp, Eldon R.	Oakland City	Gibson
			Ropp, Harold E.	New Harmony	Posey

Name	City	County	Name	City	County
Rosenak, Bernard D.	Indianapolis	Marion	Sage, Charles V.	Richmond	Wayne-Union
Rosenbaum, David	Indianapolis	Marion	Sage, Russell A.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion	Sahlman, Hans	Fort Wayne	Allen
Rosenbaum, Lloyd E.	Anderson	Madison	Saint, William K.	New Castle	Henry
Rosenblatt, Bernard B.	Evansville	Vanderburgh	Sala, Joseph J.	Gary	Lake
Rosenbloom, Philip J.	Gary	Lake	Sala, Walter R.	Gary	Lake
Rosenheimer, George M.	South Bend	St. Joseph	Salb, John P.	MacDill Field, Fla.	Dubois
Rosenthal, Carl	Hammond	Lake	Salb, Leo A.	Jasper	Dubois
Rosenwasser, Jacob	Mishawaka	St. Joseph	Salb, Max C.	Indianapolis	Marion
Roser, Arthur J.	Fort Wayne	Allen	Sallee, William T.	Greensburg	Decatur
Rosevear, Henry J.	Hammond	Lake	Salon, Harry W.	Fort Wayne	Allen
Ross, Alexander T.	Indianapolis	Marion	Salon, Joel W.	Fort Wayne	Allen
Ross, Ben R.	Bloomington	Owen-Monroe	Salon, Nathan L.	Fort Wayne	Allen
Ross, Guy E.	Anderson	Madison	Salzman, Morris	Hutchinson, Kan.	Marion
Ross, Harry P.	Richmond	Wayne-Union	Samples, John T. (S)	Boonville	Warrick
Ross, James S.	Richmond	Wayne-Union	Sanders, Bertram W.	Connersville	Fayette-Franklin
Rossiter, Dudley L.	Fort Wayne	Allen	Sanders, Harry M.	Indianapolis	Marion
Rossow, Russell J.	Evansville	Vanderburgh	Sanders, Jesse A.	Auburn	De Kalb
Roth, Bertram S.	Indianapolis	Marion	Sanderson, Robert B.	South Bend	St. Joseph
Roth, James R.	Wolf Lake	Noble	Sandock, Isadore	South Bend	St. Joseph
Roth, Leo	Indianapolis	Marion	Sandock, Louis F.	South Bend	St. Joseph
Rothberg, Maurice	Fort Wayne	Allen	Sandorf, Marvin H.	Indianapolis	Marion
Rothermel, Harold	Union City	Randolph	Sandoz, Harry	South Bend	St. Joseph
Rothring, Howard E.	Columbus	Bartholomew-Brown	Santare, Vincent J.	Hammond	Lake
Rothrock, Philip W.	Lafayette	Tippecanoe	Saperstein, Morris	Muncie	Delaware-Blackford
Rothschild, Charles J. (S)	Fort Wayne	Allen	Sarver, Francis E.	Fort Wayne	Allen
Rotman, Harry G.	Jasonville	Greene	Savage, Arthur R.	Fort Wayne	Allen
Rotman, Sam I.	Jasonville	Greene	Savery, Charles E.	South Bend	St. Joseph
Rouen, Robert	Elkhart	Elkhart	Sayers, Frank E.	Terre Haute	Vigo
Rousseau, John W.	Fort Wayne	Allen	Saylors, Rodger D.	Fort Wayne	Allen
Row, D. Hamilton	Indianapolis	Marion	Scales, Alfred B.	Huntingburg	Dubois
Row, George S.	Osgood	Ripley	Scamahorn, Malcolm O.	Pittsboro	Hendricks
Row, Perrie Q.	Hammond	Lake	Scamahorn, Oscar T.	Pittsboro	Hendricks
Rowe, Howard H.	Rochester	Fulton	Scea, Wallace A.	Elwood	Madison
Royster, George M.	Evansville	Vanderburgh	Schaaf, Alvin D.	Jamestown	Boone
Royster, Robert A.	Evansville	Vanderburgh	Schaefer, C. Richard (S)	Indianapolis	Marion
Rozelle, Clarence V.	Anderson	Madison	Schafer, William C.	Washington	Daviess-Martin
Rubens, Eli	South Bend	St. Joseph	Schaffer, Edward V.	Indianapolis	Marion
Rubin, Gerald S.	Indianapolis	Marion	Schantz, Richard	Remington	Jasper-Newton
Rubin, Milton M.	Terre Haute	Vigo	Scharbrough, William	Medora	Jackson
Rubin, Simon S.	Gary	Lake	Schauwecker, Cleon M.	Greencastle	Putnam
Ruby, Fred McK. (S)	Union City	Randolph	Schechter, John S.	Indianapolis	Marion
Ruddell, Karl R.	Indianapolis	Marion	Scheetz, Marion R.	Lewisville	Henry
Ruddell, Keith R.	Indianapolis	Marion	Scheier, Emil W.	Indianapolis	Marion
Rudesill, Cecil L.	Indianapolis	Marion	Schell, Harry D.	Bloomington	Owen-Monroe
Rudesill, Robert L.	Indianapolis	Marion	Schellhouse, Earl M.	Fort Wayne	Allen
Rudicel, Max	Kokomo	Howard	Schenck, Foss (S)	Logansport	Cass
Rudolph, Carl J.	South Bend	St. Joseph	Schenck, Ralph E.	Portland	Jay
Rudolph, Franklin G.	Hammond	Lake	Scherb, Burton E.	Terre Haute	Vigo
Rudolph, Kenneth J.	Boonville	Warrick	Scherschel, John P.	Bedford	Lawrence
Rudolph, Stephen J., Jr.	Randolph	Marion	Schetgen, Joseph V.	Geneva	Adams
Rudser, Donald H.	Whiting	Lake	Scheurich, Virgil	Oxford	Benton
Runge, Paul W.	Richmond	Wayne-Union	Schiller, Herbert A.	South Bend	St. Joseph
Ruoff, William	New Albany	Floyd	Schimmelpfennig, Robert J.	Evansville	Vanderburgh
Rupe, Lloyd O.	Elkhart	Elkhart	Schirmer, Robert H.	Evansville	Vanderburgh
Rupel, Ernest	Indianapolis	Marion	Schlademan, Karl R.	Fort Wayne	Allen
Rusche, Henry J.	Evansville	Vanderburgh	Schlaegel, Theodore F., Jr.	Indianapolis	Marion
Ruschli, Edward B.	Lafayette	Tippecanoe	Schlegel, Donald M.	Indianapolis	Marion
Rusk, Hubert M.	Wallace	Fountain-Warren	Schlemmer, George H.	Warsaw	Kosciusko
Russell, John R.	Indianapolis	Marion	Schlesinger, Daniel J.	Hammond	Lake
Russell, Richard H.	Evansville	Vanderburgh	Schlosser, Herbert C.	Elkhart	Elkhart
Rust, Byron K.	Indianapolis	Marion	Schmidt, Eugene E.	Fort Wayne	Allen
Rust, Roland B.	Indianapolis	Marion	Schmidt, Loren F.	Indianapolis	Marion
Ruth, Martin L.	Indianapolis	Marion	Schmidt, Richard H.	Indianapolis	Marion
Rutherford, Cyrus W. (S)	Indianapolis	Marion	Schmiedicke, Paul H.	Lafayette	Tippecanoe
Rutherford, Charles E.	Otterbein	Benton	Schmitt, Richard K.	Columbus	Bartholomew-Brown
Rutherford, Paul S.	Kalamazoo, Mich.	Vanderburgh			
Ryan, Glen V.	Indianapolis	Marion			
Ryan, Hubert J.	Gary	Lake			
Ryan, William J.	Columbus	Bartholomew-Brown			

Name	City	County	Name	City	County
Schmoll, Robert J.	Fort Wayne	Allen	Shaffer, Lee	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion	Shaffer, William R.	Greensburg	Decatur
Schneider, Charles P.	Evansville	Vanderburgh	Shallenberger, Henry R.	Modoc	Randolph
Schneider, Kenneth D.	Nashville	Bartholomew-Brown	Shanafelt, Donald K.	Indianapolis	Marion
Schneider, Louis A.	Fort Wayne	Allen	Shanklin, Vernon A. (S)	Terre Haute	Vigo
Schoen, Frederic L.	Fort Wayne	Allen	Shanks, Ray W.	Noblesville	Hamilton
Schoolfield, William E.	Orleans	Orange	Shannon, Wesley	Crawfordsville	Montgomery
Schoonveld, Arthur	Brook	Jasper-Newton	Shapiro, Burton J.	Terre Haute	Vigo
Schott, Edward J. (S)	Terre Haute	Vigo	Shapiro, Joseph	East Chicago	Lake
Schreiner, John E.	Bremen	Marshall	Sharp, John L.	Crawfordsville	Montgomery
Schrepferman, Wayne	Hamilton	Steuben	Sharp, Merle C.	South Bend	St. Joseph
Schriefer, Victor V.	Evansville	Vanderburgh	Sharp, William L.	Anderson	Madison
Schroeder, Henry R.	Washington	Daviess-Martin	Shattuck, John C.	Brazil	Clay
Schuchman, Abe	Indianapolis	Marion	Sheehan, Francis G.	Indianapolis	Marion
Schuchman, Gabriel	Indianapolis	Marion	Sheek, Kenneth I.	Greenwood	Johnson
Schuldt, Theodore S.	Pierceton	Kosciusko	Sheets, Charles E.	Manilla	Rush
Schulfer, Richard J.	Hammond	Lake	Sheller, Thomas G.	Logansport	Cass
Schulhof, Maurice G.	Muncie	Delaware-Blackford	Shelley, Edward S.	South Bend	St. Joseph
Schulze, Hans A.	Indianapolis	Marion	Shelley, Richard	Indianapolis	Marion
Schulze, William	Vincennes	Knox	Shellhouse, Michael	Gary	Lake
Schumaker, Robert A.	Terre Haute	Vigo	Shenk, Earl M.	Kokomo	Howard
Schuman, Edith B.	Bloomington	Owen-Monroe	Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Schuster, Dwight W.	Indianapolis	Marion	Sherer, Kenneth E.	Richmond	Wayne-Union
Schwartz, Frederick C.	Kokomo	Howard	Sherster, Harry	Indianapolis	Marion
Scoins, William H.	Fort Wayne	Allen	Sherwood, Clarence E.	Fort Wayne	Allen
Scott, Frank M.	South Bend	St. Joseph	Sherwood, J. Vincent	Fort Wayne	Allen
Scott, Garland D.	Sullivan	Sullivan	Shevick, Alexander	Gary	Lake
Scott, George E.	Indianapolis	Marion	Shields, Harry A.	Washington	Daviess-Martin
Scott, H. Vaughn	Fort Wayne	Allen	Shields, Jack E.	Brownstown	Jackson
Scott, Irvin H.	Sullivan	Sullivan	Shields, Tom S.	Richmond	Wayne-Union
Scott, I. Winfield	Indianapolis	Marion	Shina, Heskell	Charlestown	Clark
Scott, John S.	La Porte	La Porte	Shinabery, Lawrence	Fort Wayne	Allen
Scott, John R.	Indianapolis	Marion	Shively, John A.	Indianapolis	Marion
Scott, Robert P.	Indianapolis	Marion	Shoemaker, Richard L.	Bangor, Me.	Marion
Scott, Robert S.	Charlottesville	Hancock	Sholty, William M.	Lafayette	Tippecanoe
Scott, Samuel L.	Indianapolis	Marion	Shonk, Harold W.	Noblesville	Hamilton
Scott, V. Brown	Shelbyville	Shelby	Shoptaugh, A. Glenn, Jr.	Indianapolis	Marion
Scudder, Arthur N.	Brownsburg	Hendricks	Short, John T.	Fort Wayne	Allen
Scully, John T.	Gary	Lake	Shortall, James P.	Michigan City	La Porte
Seal, Perry F.	Brookville	Fayette-Franklin	Shortridge, William H.	Seymour	Jackson
Seaman, Charles F.	Indianapolis	Marion	Shoup, Homer B.	Greentown	Howard
Sears, Don	Odon	Daviess-Martin	Showalter, John P.	Waterloo	De Kalb
Sears, M. Maywood (S)	Elkhart	Elkhart	Showalter, John R.	Terre Haute	Vigo
Seat, Marshall H.	Washington	Daviess-Martin	Shrigley, Edward W.	Indianapolis	Marion
Sedam, Herbert L.	Indianapolis	Marion	Shriner, Richard L.	South Bend	St. Joseph
Seese, Robert M.	Delphi	Carroll	Shrock, Ethan E.	Amboy	Miami
Segar, Louis H.	Indianapolis	Marion	Shroyer, Herbert	Dunkirk	Jay
Segar, William E.	Indianapolis	Marion	Shuck, William A.	Madison	Jefferson-Switzerland
Seibel, Robert	Nashville	Bartholomew-Brown	Shullenberger, Wendell A.	Indianapolis	Marion
Seipel, Stanley	Lanesville	Harrison-Crawford	Shulruff, Harry I.	East Chicago	Lake
Selby, Keith E.	South Bend	St. Joseph	Shultz, Harry M. (S)	Logansport	Cass
Sellers, Francis M.	South Bend	St. Joseph	Shumacker, Harris B., Jr.	Indianapolis	Marion
Sellmer, George W.	Indianapolis	Marion	Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Selsam, Etta B.	Terre Haute	Vigo	Sicks, Okla W.	Indianapolis	Marion
Senese, Thomas J.	Gary	Lake	Sidebottom, Earl W.	Indianapolis	Marion
Sennett, Cecil M.	Westville	La Porte	Siebenmorgen, Louis	Terre Haute	Vigo
Sennett, William K.	Macy	Miami	Siebenmorgen, Paul	Terre Haute	Vigo
Sensenich, Roscoe L.	South Bend	St. Joseph	Siekierski, Joseph M.	Griffith	Lake
Seward, George W.	North Manchester	Wabash	Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sexson, Hiram T.	Indianapolis	Marion	Sigmond, Harvey W.	Indianapolis	Marion
Seyler, Anna G.	Crown Point	Lake	Sigmund, William B.	Columbus	Bartholomew-Brown
Shafer, Marion R.	Indianapolis	Marion	Silbert, David B.	Shelbyville	Shelby
Shafer, Richard H.	Alexandria	Madison	Silverman, Norman M.	Terre Haute	Vigo
Shafer, Sid J.	Chicago, Ill.	Knox	Silvian, Harry A.	Whiting	Lake
Shaffer, Kenneth L.	Vincennes	Lake	Simmons, Frederick H.	Marion	Grant
			Simmons, James E.	Indianapolis	Marion
			Simmons, Lloyd H.	Goshen	Elkhart
			Simms, J. Leon	Indianapolis	Marion
			Simon, Arthur R.	La Porte	La Porte

Name	City	County	Name	City	County
Simpson, Robert L.	Bluffton	Wells	Sonne, Irvin S., Jr.	New Albany	Floyd
Simpson, William D.	Indianapolis	Marion	Soper, Hunter A.	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion	Sorenson, Raymond	Kokomo	Howard
Singer, Elmer C.	Fort Wayne	Allen	Sosa, Carlos M. A.	Crane	Greene
Sinn, Charles M.	Evansville	Vanderburgh	Souder, Bonnell M.	Auburn	De Kalb
Sirlin, Edward M.	Mishawaka	St. Joseph	Souter, Martha C.	Indianapolis	Marion
Skeen, Earl D.	Walkerton	St. Joseph	Southard, Carl B.	Noblesville	Hamilton
Skillern, Penn G.	South Bend	St. Joseph	Southard, James E.	Danville	Hendricks
Skomp, Claud E.	Marion	Grant	Southworth, John W.	Logansport	Cass
Skrentny, Stanley	Hammond	Lake	Sovine, Joe W.	Indianapolis	Marion
Slabaugh, Jancy S. (S)	Nappanee	Elkhart	Spahr, Donald E.	Portland	Jay
Slama, George F.	Gary	Lake	Spahr, John F.	Indianapolis	Marion
Slama, John T.	Gary	Lake	Spalding, Joseph J.	Indianapolis	Marion
Slaughter, Howard C.	Evansville	Vanderburgh	Spalding, Wendell L.	Mishawaka	St. Joseph
Slaughter, John C.	Evansville	Vanderburgh	Spangler, Jesse S.	Kokomo	Howard
Slaughter, Owen L.	Evansville	Vanderburgh	Sparks, Alan L.	Indianapolis	Marion
Slick, Crystal R.	Lynn	Randolph	Sparks, Paul W.	Winchester	Randolph
Slimp, Thomas E.	Logansport	Cass	Spears, John K.	Paoli	Orange
Sloan, Herbert P.	New Albany	Floyd	Spears, John M.	Gary	Lake
Slominski, Harry H.	South Bend	St. Joseph	Speas, Robert C.	Terre Haute	Vigo
Sloss, Imit H.	Terre Haute	Vigo	Speckman, Glenn H.	Coronado, Calif.	Marion
Slough, O. Thomas	Kendallville	Noble	Spellman, Frank W.	Gary	Lake
Sluss, David H.	Indianapolis	Marion	Spencer, Beaufort A.	Bloomington	Owen-Monroe
Sluss, John W. (S)	Indianapolis	Marion	Spencer, Frederic	Vincennes	Knox
Smallwood, Robert B.	Bedford	Lawrence	Spencer, C. Herbert	Fort Wayne	Allen
Smelser, Herman W.	Connersville	Fayette- Franklin	Spenner, Raymond W.	South Bend	St. Joseph
Smith, Byron J.	Kingman	Fountain- Warren	Spigler, James F.	Terre Haute	Vigo
Smith, Charles F.	Fort Devens, Mass.	Marion	Spindler, Robert D.	Shelbyville	Shelby
Smith, David J.	Indianapolis	Marion	Spinning, Alva L. (S)	Palm Springs, Calif.	La Porte
Smith, David L.	Indianapolis	Marion	Spivack, Mary	Gary	Lake
Smith, Don C.	Columbus	Bartholomew- Brown	Spivey, Russell J.	Indianapolis	Marion
Smith, Edward B.	Indianapolis	Marion	Spolyar, Louis W.	Indianapolis	Marion
Smith, E. Rogers	Indianapolis	Marion	Sponder, Joseph	Gary	Lake
Smith, Francis C.	Indianapolis	Marion	Spray, Page E.	Elkhart	Elkhart
Smith, Fred, Jr.	Tell City	Perry	Sprecher, Herman C.	Evansville	Vanderburgh
Smith, Frederick R.	Spencer	Owen-Monroe	Springstun, Charles E.	Tennyson	Warrick
Smith, Grover A.	New Haven	Owen	Springstun, George H.	Oaktown	Knox
Smith, Gloster J.	Kokomo	Howard	Springstun, Walter R.	Evansville	Vanderburgh
Smith, Herbert N.	Brookville	Fayette- Franklin	Sputh, Carl B., Jr.	Indianapolis	Marion
Smith, Herschel S.	Bloomington	Owen-Monroe	Sroka, Alexander G.	Hammond	Lake
Smith, James S.	Muncie	Delaware- Blackford	Sroka, Stanley J.	Highland	Lake
Smith, John H.	Greenfield	Hancock	Stadler, Harold E.	Indianapolis	Marion
Smith, John R.	Richmond	Wayne-Union	Staff, Robert A.	Columbus, Ohio	Parke- Vermillion
Smith, Lee	Lakeville	St. Joseph	Stafford, James C. (S)	Plainfield	Hendricks
Smith, Lester A.	Indianapolis	Marion	Stafford, William C.	Plainfield	Hendricks
Smith, Lowell C.	Lafayette	Tippecanoe	Stahl, Edward T.	Lafayette	Tippecanoe
Smith, Paul E.	Bloomington	Owen-Monroe	Stallman, Carl F.	Kendallville	Noble
Smith, Philip L.	Fort Wayne	Allen	Stalter, Gaylord W.	North Webster	Kosciusko
Smith, Ralph O.	Vincennes	Knox	Stamper, Joseph H.	Anderson	Madison
Smith, Rodney D. (S)	Bloomington	Owen-Monroe	Stamper, Lucian A.	Richmond	Wayne-Union
Smith, R. Lee	Osgood	Ripley	Stamper, Robert J.	Anderson	Madison
Smith, Roger C.	Fort Wayne	Allen	Stangle, William J.	Bloomington	Owen-Monroe
Smith, Roy Lee	Indianapolis	Marion	Stanley, John R.	Muncie	Delaware- Blackford
Smith, S. Joseph	Vincennes	Knox	Stanley, John S.	Miami, Fla.	Marion
Smith, Theodore J.	Whiting	Lake	Stansell, Gilbert B.	Logansport	Cass
Smith, Wilbur F.	Indianapolis	Marion	Stanton, James J. (S)	Logansport	Cass
Smith, William B.	Indianapolis	Marion	Starks, William O.	Muncie	Delaware- Blackford
Smoot, Emory B.	Washington	Daviess- Martin	Stasick, Murray	Hammond	Lake
Smoot, Samuel A. (S)	Terre Haute	Vigo	Staten, Jesse C.	Indianapolis	Marion
Snapp, Richard A.	Indianapolis	Marion	Stauffer, George E.	Mooreland	Henry
Snear, Kenneth D.	Avilla	Noble	Stauffer, Richard C.	Fort Wayne	Allen
Snider, Byron	Indianapolis	Marion	Stauffer, Walter A. (S)	Elkhart	Elkhart
Snively, William D., Jr.	Evansville	Vanderburgh	Staunton, Henry A.	South Bend	St. Joseph
Snodgrass, Robert E.	Indianapolis	Marion	Stayton, Chester A.	Indianapolis	Marion
Snowwhite, Arthur B.	Marion	Grant	Stayton, Chester A., Jr.	Indianapolis	Marion
Snyder, Earl R. (S)	Troy	Perry	Steckler, Robert J.	Evansville	Vanderburgh
Snyder, Morris C.	Richmond	Wayne-Union	Stecy, Peter	Whiting	Lake
Snyder, Parker M.	Carmel	Hamilton	Steele, Dick J.	Greencastle	Putnam
Snyderman, Sanford C.	Fort Wayne	Allen	Steele, Everett B.	Crown Point	Lake
Solomon, Reuben A.	Indianapolis	Marion	Steele, Frank M.	Muncie	Delaware- Blackford
Somers, Gerald H.	Fort Wayne	Allen	Steele, Hugh H.	Lafayette	Tippecanoe
			Steele, Paul W.	Evansville	Vanderburgh

Name	City	County	Name	City	County
Steen, Lowell H.	Whiting	Lake	Stump, Thomas A.	Indianapolis	Marion
Steffen, Arthur J.	Wabash	Wabash	Stumpf, Edwin E.	New Haven	Allen
Steffen, Julian T.	Wabash	Wabash	Sturgis, Donald G.	Sellersburg	Clark
Steffy, Ralph M.	Portland	Jay	Stygall, James H.	Indianapolis	Marion
Steinem, Joseph L.	Connersville	Fayette-Franklin	Sudranski, Herbert F.	Indianapolis	Marion
Steinkamp, Emil F. (S)	Huntingburg	Dubois	Sugarman, Benjamin E.	French Lick Springs	Orange
Steinmetz, Edward F.	Indianapolis	Marion	Sullenger, Adron A.	Vincennes	Knox
Stellner, Howard A.	Fort Wayne	Allen	Sullivan, John M.	Terre Haute	Vigo
Stemm, William H. (S)	North Vernon	Jennings	Sutton, William E.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion	Suzuki, Tsutomu T.	Covington	Fountain-Warren
Stephens, Kuhrman H.	Indianapolis	Marion	Swan, John R.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren	Swan, Richard C.	Anderson	Madison
Stepleton, John D.	Richmond	Wayne-Union	Swank, L. Forrest	Elkhart	Elkhart
Stern, Samuel L.	Hammond	Lake	Sweeney, Michael J.	Evansville	Vanderburgh
Sterne, John H.	Evansville	Vanderburgh	Sweet, Howard E.	Richmond	Wayne-Union
Stevens, Edwin W.	Hammond	Lake	Swihart, Homer R.	Elkhart	Elkhart
Stevens, Sydney L.	Indianapolis	Marion	Swihart, Leonard F.	Elkhart	Elkhart
Stewart, J. Frank W.	Vincennes	Knox	Switzer, Robert E.	Portsmouth, Va.	Noble
Stewart, Milton B. (S)	Logansport	Cass	Syler, Robert W.	Westville	La Porte
Stewart, Walter E.	Terre Haute	Vigo	Symmes, Alfred T.	Indianapolis	Marion
Sthair, Phillip L.	Marion	Grant	Symon, William E.	Bluffton	Wells
Stibbins, Warren E.	Muncie	Delaware-Blackford	Szokolay, Joseph P.	Augusta, Ga.	St. Joseph
Stier, Paul L.	Fort Wayne	Allen	Szynal, John S.	Indianapolis	Marion
Stillwell, William R.	Silver Springs, Md.	Wayne-Union			
Stimson, Harry R.	Gary	Lake	Tabaka, Francis B.	La Porte	La Porte
Stine, Marshall E.	Bremen	Marshall	Tager, Stephen N.	Evansville	Vanderburgh
Stinson, Arthur E. (S)	Rochester	Fulton	Talbert, Pierre C.	Bluffton	Wells
Stinson, Dean K.	Rochester	Fulton	Talbott, Dan E.	Indianapolis	Marion
Stinson, William M.	Alexandria	Madison	Tanner, Henry S.	Indianapolis	Marion
Stiver, Daniel D.	South Bend	St. Joseph	Taraba, Ralph W.	Kokomo	Howard
Stocking, Bruce W.	Muncie	Delaware-Blackford	Tate, Elizabeth	Dunkirk	Jay
Stoelting, J. Lewis	Terre Haute	Vigo	Taub, Robert G.	Michigan City	La Porte
Stoelting, Vergil K.	Indianapolis	Marion	Taube, Jack I.	Randolph Field, Tex.	Marion
Stogdill, William J.	South Bend	St. Joseph	Taylor, Clifford C.	Indianapolis	Marion
Stogdill, Willis W.	Franklin	Johnson	Taylor, Donald R.	Muncie	Delaware-Blackford
Stoltz, Robert M.	Valparaiso	Porter	Taylor, Everett C.	Upland	Grant
Stone, Alvin T.	Indianapolis	Marion	Taylor, Frederic W.	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion	Taylor, James A.	Muncie	Delaware-Blackford
Stoops, Jean T.	Wabash	Wabash	Taylor, John R.	Palestine, Ill.	Sullivan
Storey, D. Edmund	Indianapolis	Marion	Taylor, Robert G.	Fort Wayne	Allen
Storey, Joseph L.	Indianapolis	Marion	Taylor, William R.	Richmond	Wayne-Union
Stork, Harvey K.	Huntingburg	Dubois	Teague, Frank W.	Indianapolis	Marion
Stork, Urban	Evansville	Vanderburgh	Teal, Dorothy D.	Columbus	Bartholomew-Brown
Storms, Roy B.	Indianapolis	Marion	Teegarden, Joseph A., Jr.	East Chicago	Lake
Stouder, Albert E.	Kempton	Tipton	Teegarden, Joseph A., Jr.	East Chicago	Lake
Stouder, Charles E.	Ellettsville	Owen-Monroe	Teixler, Victor A.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford	Templeton, Ames R.	Mishawaka	St. Joseph
Stout, Harry T.	Frankfort	Clinton	Templin, David B.	Lowell	Lake
Stout, Richard B.	Elkhart	Elkhart	Tennant, David L.	Fort Wayne	Allen
Stout, Walter M.	New Castle	Henry	Tennis, George T.	Greencastle	Putnam
Stover, Wendell C.	Boonville	Warrick	Teplinsky, Louis L.	East Chicago	Lake
Stoycoff, Christ M.	Gary	Lake	Terflinger, Fred W. (S)	Logansport	Cass
Stratigos, Joseph S.	South Bend	St. Joseph	Terrill, Richard W.	Fort Wayne	Allen
Strayer, Joseph W.	Lafayette	Tippecanoe	Terry, Lloyd	Danville	Hendricks
Streck, Francis A.	Lawrenceburg	Dearborn-Ohio	Terveer, John B.	Decatur	Adams
Strecker, William L.	Terre Haute	Vigo	Test, Charles E.	Indianapolis	Marion
Streepey, Jefferson I.	New Albany	Floyd	Teter, George V.	Indianapolis	Marion
Strickland, Karl S. (S)	Princeton	Gibson	Teters, Melvin S.	Middlebury	Elkhart
Strong, Daniel S. (S)	Terre Haute	Vigo	Tether, Joseph E.	Indianapolis	Marion
Stroup, Tyler J.	Indianapolis	Marion	Tharp, John D.	Culver	Marshall
Strueh, Paul E.	Evansville	Vanderburgh	Tharpe, Ray	Indianapolis	Marion
Stubenauch, Gerald O.	Milwaukee, Wis.	Marion	Thatcher, Hugh K., Jr.	Indianapolis	Marion
Stubbins, William M.	Elkhart	Elkhart	Thayer, Benet W.	North Vernon	Jennings
Stucky, Elsworth K.	Indianapolis	Marion	Thegze, George A.	East Chicago	Lake
Stuckey, Jerry L.	Berne	Adams	Thimlar, James W.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange	Thom, Julia Swain	Indianapolis	Marion
Stultz, Quentin F.	Ligonier	Noble	Thomas, Charles E. (S)	Leesburg	Kosciusko
Stumer, Myer	Michigan City	La Porte	Thomas, Clayton W.	Carmel	Hamilton
Stump, Loyd K.	Indianapolis	Marion			

Name	City	County	Name	City	County
Thomas, Daniel D.	Gary	Lake	Truman, E. Michael	Brookville	Fayette-Franklin
Thomas, Edward P.	Indianapolis	Marion	Trusler, Harold M.	Indianapolis	Marion
Thomas, Everett W.	Warsaw	Kosciusko	Tubbs, George R. (S)	Lafayette	Tippecanoe
Thomas, Fred A.	Indianapolis	Marion	Tuchman, Joseph H.	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake	Tucker, Leonard C.	Wilmington, Del.	Marion
Thomas, Lowell I.	Indianapolis	Marion	Tucker, Oral A.	Daleville	Delaware-Blackford
Thomas, Morris E.	Indianapolis	Marion	Tucker, Robert L.	Rochester, Minn.	Marion
Thompson, Alfred A. (S)	Tyner	Marshall	Tucker, Warren S.	Indianapolis	Marion
Thompson, Frank M.	Huntington	Huntington	Tully, John A. (S)	New Castle	Henry
Thompson, Holland	Fort Wayne	Allen	Turgi, Robert W.	Gary	Lake
Thompson, John M.	South Bend	St. Joseph	Turley, Verne L.	Fowler	Benton
Thompson, John V.	Indianapolis	Marion	Turner, Anna Goss	Madison	Jefferson-Switzerland
Thompson, Naiad Mason	Evansville	Vanderburgh	Turner, Harold B.	Bloomfield	Greene
Thompson, Paul D.	Indianapolis	Marion	Turner, Isabel B.	Evansville	Vanderburgh
Thompson, Robert A.	South Bend	St. Joseph	Turner, Jack J.	Bloomfield	Greene
Thompson, Wayne H.	Indianapolis	Marion	Turner, John P.	Goshen	Elkhart
Thompson, Will A. (S)	Liberty	Wayne-Union	Turner, Maurice A.	Oakland City	Gibson
Thompson, Wm. R.	Winamac	Pulaski	Turner, Oscar A.	Madison	Jefferson-Switzerland
Thornburg, Kenneth E.	Indianapolis	Marion	Turner, Robert D.	Muncie	Delaware-Blackford
Thorne, Charles E.	New Castle	Henry	Tweedall, Daniel C.	Evansville	Vanderburgh
Thornton, Harold C.	Indianapolis	Marion	Tweedall, Daniel G. (S)	Evansville	Vanderburgh
Thornton, Maurice J.	South Bend	St. Joseph	Tyler, Frank T. (S)	New Albany	Floyd
Thornton, Walter E. (S)	Fort Wayne	Allen	Tyner, Harlan H.	Indianapolis	Marion
Thrasher, John R. (S)	New Augusta	Marion	Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Thurston, Harri-son S. (S)	Indianapolis	Marion	Tyrrell, Thomas C.	Calumet City, Ill.	Lake
Tilden, Margaret H.	Evansville	Vanderburgh	U		
Tiley, George A.	Greenwood	Johnson	Ulrey, Robert P.	Elwood	Madison
Tilka, Edward	Hammond	Lake	Urschel, Dan L.	Mentone	Kosciusko
Tindal, Edward F. (S)	Muncie	Delaware-Blackford	Utley, Marvin D.	Mount Vernon	Posey
Tindall, George T.	Indianapolis	Marion	Utterback, Arnold	Terre Haute	Vigo
Tindall, Paul R.	Shelbyville	Shelby	V		
Tindall, William R.	Shelbyville	Shelby	Vagner, S. Bernard	South Bend	St. Joseph
Tinney, William E. (S)	Pass-A-Grille, Fla.	Marion	Vail, George A.	Lawrenceburg	Dearborn-Ohio
Tinsley, Frank W.	Indianapolis	Marion	VanArsdall, Clarence R.	Terre Haute	Vigo
Tinsley, Walter B.	Indianapolis	Marion	Van Bokkelen, Robert W.	Mooresville	Morgan
Tinsley, Walter B., Jr.	Indianapolis	Marion	Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Tipton, William R.	Greencastle	Putnam	Vance, William C.	Richmond	Wayne-Union
Tirman, Wallace S.	South Bend	St. Joseph	Van Den Bosch, Wallace R.	Westville	La Porte
Tischer, E. Paul	Indianapolis	Marion	Vandever, Arthur C.	Sellersville	Clark
Titus, Charles R. (S)	Wilkinson	Hancock	Vandivier, Robert M.	Indianapolis	Marion
Titus, Jack L.	Rensselaer	Jasper-Newton	Van Dorn, Myron J.	Indianapolis	Marion
Todd, David D.	LaJolla, Calif.	Elkhart	Van Fleet, Josephine	Indianapolis	Marion
Tomak, Milton E.	Linton	Greene	Van Kirk, John A.	Frankfort	Clinton
Tomlin, Hugh M.	Muncie	Delaware-Blackford	Van Kirk, John R.	Burlington	Carroll
Tondra, John M.	Indianapolis	Marion	Van Kirk, Paul P.	Frankfort	Clinton
Topolgus, James N.	Bloomington	Owen-Monroe	Van Meter, C. Powell	Indianapolis	Marion
Topping, Malachi C.	Terre Haute	Vigo	Van Ness, William C.	Summitville	Madison
Torella, Jose A.	Indianapolis	Marion	VanNest, Willard A.	New Smyrna Beach, Fla.	De Kalb
Tosick, William A.	Indianapolis	Marion	Van Osdol, Harry A. (S)	Indianapolis	Marion
Toumey, Fred L.	Indianapolis	Marion	Van Rie, Leo P.	Mishawaka	St. Joseph
Tower, James H., Jr.	Shelbyville	Shelby	Van Sandt, Frank A. (S)	Bloomfield	Greene
Tower, Thomas K.	Campbellsburg	Washington	Van Tassel, Charles J.	Indianapolis	Marion
Townsend, William A.	Gary	Lake	Van Vactor, Helen D.	Indianapolis	Marion
Tranter, William F.	Sharpsville	Tipton	Van Wienen, John	Martinsville	Morgan
Traver, Perry C.	South Bend	St. Joseph	Van Winkle, Arthur J.	Valparaiso	Porter
Travis, Julius C., Jr.	San Rafael, Calif.	Cass	Vaughn, Rufus M.	Indianapolis	Marion
Travis, Mary F.	Mill Valley, Calif.	Cass	Vaughn, Walter R.	Vincennes	Knox
Trees, Carl A.	San Diego, Calif.	Marion	Veach, Lester W.	Bainbridge	Putnam
Tremain, Milton A. (S)	Adams	Decatur	Veach, Richard L.	Bainbridge	Putnam
Treon, James F. (S)	Aurora	Dearborn-Ohio	Veazey, William M. (S)	Avilla	Noble
Trepagnier, Francis B.	East Chicago	Lake	Vellios, Frank	Indianapolis	Marion
Trimble, John G.	Kokomo	Howard	Venable, George L.	North Manchester	Wabash
Trinosky, Donald L.	Gary	Lake			
Trinosky, Frank G.	Gary	Lake			
Trout, Carl J.	Lafayette	Tippecanoe			
Troutwine, William R.	Crown Point	Lake			
Troy, Jack M.	Whiting	Lake			

Name	City	County	Name	City	County
Venis, Kemper N.	Muncie	Delaware-Blackford	Warriner, James B.	Indianapolis	Marion
Vermilya, Robert W.	Lafayette	Tippecanoe	Warvel, John H.	Indianapolis	Marion
Verplank, Grover L.	Gary	Lake	Warvel, Joseph L. (S)	North Manchester	Wabash
Viehe, Robert W.	Evansville	Vanderburgh	Washington, G. Kenneth	Gary	Lake
Vietzke, Paul C. F.	Valparaiso	Porter	Watson, James L.	Evansville	Vanderburgh
Vingis, Bronie	Greenfield	Hancock	Watterson, Gerald T.	Connersville	Fayette-Franklin
Viney, Charles L.	Logansport	Cass	Waymire, Elbert S.	Indianapolis	Marion
Visher, John W.	Evansville	Vanderburgh	Weaver, Timothy M. (S)	Brazil	Clay
Vivian, Donald E.	New Castle	Henry	Weaver, Wm. W.	New Albany	Floyd
Vlaskamp, Elaine M.	Muncie	Delaware-Blackford	Webb, Harry D.	Anderson	Madison
Vogel, Lloyd A., Jr.	Fort Wayne	Allen	Weber, Edgar H.	Evansville	Vanderburgh
Vogel, L. John	Mount Vernon	Posey	Weber, John R.	Fort Wayne	Allen
Voges, Edward C.	Terre Haute	Vigo	Weber, Joseph G. S.	Terre Haute	Vigo
Vollrath, Victor J.	Indianapolis	Marion	Webster, Paul L.	Ligonier	Noble
VonAsch, George	La Porte	La Porte	Webster, Robert K.	Brazil	Clay
von der Lieth, Wm. C.	Vincennes	Knox	Weddle, Chas. O.	Lebanon	Boone
Von Der Haar, Gerard	Indianapolis	Marion	Weeks, Patrick H.	Michigan City	La Porte
Vore, Hugh A.	East Chicago	Lake	Weems, Mallory P.	Jeffersonville	Clark
Vore, Loring W.	Plymouth	Marshall	Wegner, William G. (S)	South Bend	St. Joseph
Vore, Robert E.	Indianapolis	Marion	Wehrman, Jule O. (S)	Indianapolis	Marion
Voyles, Charles F. (S)	Indianapolis	Marion	Weigand, Clayton G.	Indianapolis	Marion
Voyles, Harry E.	New Albany	Floyd	Weil, Harry J. (S)	Indianapolis	Marion
Vurpillat, Francis J.	South Bend	St. Joseph	Weinbaum, Jack G.	Terre Haute	Vigo
Vye, James P.	Gary	Lake	Weinberg, Benjamin A.	Whiting	Lake
			Weinberg, Samuel	Marion	Grant
			Weinland, George C.	Indianapolis	Marion
			Weinsoff, Beverly	Indianapolis	Marion
			Weinstein, Edwin B.	Richmond	Wayne-Union
			Weinstock, Adolph	Rolling Prairie	La Porte
			Weir, Dale	LaGrange	LaGrange
			Weirich, Charles I.	Butler	De Kalb
			Weiskopf, Henry S.	Gary	Lake
			Weiss, Eugene	South Bend	St. Joseph
			Weiss, Henry G.	Evansville	Vanderburgh
			Weiss, Jason	Indianapolis	Marion
			Weiss, John T.	Hobart	Lake
			Weissman, Charles G.	Hammond	Lake
			Weitzel, Roland	Princeton	Gibson
			Welborn, Mell B.	Evansville	Vanderburgh
			Welch, Norbert M.	Vincennes	Knox
			Weldy, Bryce P.	Hartford City	Delaware-Blackford
			Weller, Charles A.	Indianapolis	Marion
			Weller, Ralph	Rossville	Clinton
			Wellpott, Jean F.	Bloomington	Owen-Monroe
			Wells, James H.	Indianapolis	Marion
			Welty, Scudder G.	Fort Wayne	Allen
			Werry, Leslie E.	Hartford City	Delaware-Blackford
			Wertenberger, Morris D.	Richmond	Wayne-Union
			West, Joseph L.	Indianapolis	Marion
			Westfall, B. Kemper	Indianapolis	Marion
			Westfall, George S.	Goshen	Elkhart
			Westfall, John B.	Indianapolis	Marion
			Westhaysen, Peter	Hammond	Lake
			Whallon, Arthur J.	Richmond	Wayne-Union
			Wharton, Russell O.	Gary	Lake
			Wheeler, David E.	Indianapolis	Marion
			Whipps, Charles E. (S)	Carlisle	Sullivan
			Whisler, Frederick M.	Wabash	Wabash
			Whitcomb, Roger F.	Shelbyville	Shelby
			White, Chester S. (S)	Rosedale	Parke-Vermillion
			White, Donald J.	Indianapolis	Marion
			White, Gilbert H., Jr.	East Chicago	Lake
			White, Harvey E.	Farmland	Randolph
			White, Isaac D. (S)	Clinton	Parke-Vermillion
			White, James V.	Terre Haute	Vigo
			White, John B.	Indianapolis	Marion
			White, Philip T.	Indianapolis	Marion
			Whitehead, John M.	Indianapolis	Marion
			Whitlock, Francis C.	Mishawaka	St. Joseph
			Whitlock, Merle E.	Mishawaka	St. Joseph

Name	City	County	Name	City	County
Whitsitt, Schuyler A. (S)	Madison	Jefferson-Switzerland	Wisener, Guthrie H.	Richmond	Wayne-Union
Wiatt, Leonard	Knightstown	Henry	Wishard, Wm. N., Jr.	Indianapolis	Marion
Wicker, Eugene H.	Marion	Grant	Wisniewski, Edward M.	Detroit, Mich.	Lake
Wicks, Orlando C. (S)	Gary	Lake	Wissman, William L.	Columbus	Bartholomew-Brown
Wiedemann, Frank E. (S)	Terre Haute	Vigo	Witham, Robert L.	Lafayette	Tippecanoe
Wierzalis, Edward F.	Hartford City	Delaware-Blackford	Witt, William R.	Jeffersonville	Clark
Wiethoff, Clifford A.	Seymour	Jackson	Wixted, John F.	Mishawaka	St. Joseph
Wiggins, Dulanian S. (S)	Newcastle	Henry	Wixted, Julia F.	Mishawaka	St. Joseph
Wilcox, Robert F.	La Porte	La Porte	Wohlfeld, Gerald	New Albany	Floyd
Wildner, Gordon B.	Anderson	Madison	Wohlfeld, Julius B.	Bedford	Lawrence
Wildman, Roscoe E.	Peru	Miami	Wojcik, Ladislav D.	Marion	Grant
Wilhelm, Agatha M.	South Bend	St. Joseph	Wolfe, William E.	La Porte	La Porte
Wilhelmus, C. Kenneth	Evansville	Vanderburgh	Wolfe, Nelson	New Albany	Floyd
Wilhelmus, Charles M. (S)	Newburgh	Warrick	Wolfram, Don J.	Indianapolis	Marion
Wilhelmus, Gilbert M.	Evansville	Vanderburgh	Wolverton, George M.	Clarksville	Clark
Wilhelmus, Wm. M. (S)	Evansville	Vanderburgh	Woner, John W.	Linton	Greene
Wilkens, Irvin W.	Indianapolis	Marion	Wong, Norman F.	Linden	Montgomery
Wilkerson, Edward L.	Terre Haute	Vigo	Wood, Donald E.	Indianapolis	Marion
Wilkins, Robert W.	Fort Wayne	Allen	Wood, Elmer U. (S)	Columbus	Bartholomew-Brown
Wilkinson, Roger L.	Anderson	Madison	Wood, Opal L.	Brazil	Clay
Willan, Horace R.	Martinsville	Morgan	Wood, Russell W.	Oakland City	Gibson
Williams, A. Berniece	Fort Wayne	Allen	Wood, William H.	Indianapolis	Marion
Williams, Aubrey H.	Fort Wayne	Allen	Woodard, Abram S., Jr.	Indianapolis	Marion
Williams, Alexander S.	Gary	Lake	Woodbury, John W.	Marion	Grant
Williams, Charles D.	Indianapolis	Marion	Woodcock, Charles E.	Greenwood	Johnson
Williams, Charles E.	Morocco	Jasper-Newton	Woods, Arba L.	Poseyville	Posey
Williams, Clifford L.	Indianapolis	Marion	Woods, Haldon C.	Markle	Huntington
Williams, Edwin D.	Gary	Lake	Woods, James R., Jr.	Greenfield	Hancock
Williams, Everett W.	Columbus	Bartholomew-Brown	Woods, Wm. P. (S)	Evansville	Vanderburgh
Williams, Francis M., Jr.	Anderson	Madison	Wooley, Richard H.	Bedford	Lawrence
Williams, Fielding P.	Huntingburg	Dubois	Woolling, Kenneth R.	Indianapolis	Marion
Williams, Frederic N.	Mount Vernon	Posey	Work, Bruce A.	Frankfort	Clinton
Williams, Harold O.	Kendallville	Noble	Work, James A., Jr.	Elkhart	Elkhart
Williams, Howard S.	Indianapolis	Marion	Worley, Ansel C.	Fort Wayne	Allen
Williams, Hugh J.	Morocco	Jasper-Newton	Worley, Joseph P.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion	Worley, Henry L.	New Albany	Floyd
Williams, John H.	Shipshewana	LaGrange	Worley, Richard H.	Indianapolis	Marion
Williams, Paul D.	Indianapolis	Marion	Worth, C. Willard	Milroy	Rush
Williams, Robert D.	Markleville	Madison	Wrege, Malcolm L.	Indianapolis	Marion
Williams, Robert E.	Lafayette	Tippecanoe	Wright, Cecil S.	Anderson	Madison
Williams, Robert H.	Anderson	Madison	Wright, J. William	Indianapolis	Marion
Willis, Charles F.	Evansville	Vanderburgh	Wright, J. Wm., Jr.	Indianapolis	Marion
Willison, George W.	Evansville	Vanderburgh	Wright, Wm. C.	Fort Wayne	Allen
Willner, Alan	Clarksville	Clark	Wurster, Herbert C.	Mishawaka	St. Joseph
Wills, Max	Auburn	De Kalb	Wyatt, Fred H.	Denver, Colo.	Vanderburgh
Willson, Canby L.	Anderson	Madison	Wyatt, James L., II	Fort Wayne	Allen
Wilmore, Ralph C.	Indianapolis	Marion	Wyatt, James L., III	Fort Wayne	Allen
Wilson, David	Evansville	Vanderburgh	Wyeth, Charles (S)	Terre Haute	Vigo
Wilson, Fred L.	Terre Haute	Vigo	Wygant, Marion D.	Mishawaka	St. Joseph
Wilson, Fred M.	Indianapolis	Marion	Wyland, Byron J.	Mishawaka	St. Joseph
Wilson, Guy H.	Bicknell	Knox	Wynegar, David E.	Richmond	Wayne-Union
Wilson, James M.	South Bend	St. Joseph	Wynn, Justice F.	Evansville	Vanderburgh
Wilson, John D.	Evansville	Vanderburgh	Wynne, Roland E.	Bedford	Lawrence
Wilson, Leslie	Fort Wayne	Allen	Wytenbach, John E.	Indianapolis	Marion
Wilson, Oliver R.	Indianapolis	Marion			
Wilson, Orley E.	Elkhart	Elkhart	Yacko, Michael L.	Indianapolis	Marion
Wilson, Paul E.	Boonville	Warrick	Yale, Charles A.	Fairmount	Grant
Wilson, Paul H.	Logansport	Cass	Yanson, Mannfredo R. S.	Bluffton	Wells
Wilson, Ralph	Evansville	Vanderburgh	Yarling, John E. (S)	Peru	Miami
Wilson, Roland B.	Fort Wayne	Allen	Yarrington, Chas. W. (S)	Gary	Lake
Wilson, Talmage L.	Bloomington	Owen-Monroe	Yast, Charles J.	Gary	Lake
Wilson, Wymond B.	Mentone	Kosciusko	Yegerlehner, Roscoe S.	Kentland	Jasper-Newton
Wimmer, Robert N.	Gary	Lake	Yencer, Martin W. (S)	Richmond	Wayne-Union
Winter, Donald K.	Logansport	Cass	Yocum, Paul S.	Gary	Lake
Winters, Matthew	Bloomington	Owen-Monroe	Yocum, Paul S., Jr.	Gary	Lake
Wise, Charles L.	Camden	Carroll	Yocum, William S.	Gary	Lake
Wise, William R.	Indianapolis	Marion	Yoder, Albert C. (S)	Goshen	Elkhart
Wiseheart, Oscar H. (S)	North Salem	Hendricks	Yoder, C. Richard	Elkhart	Elkhart
Wiseheart, Robert H.	Lebanon	Boone	Yoder, Dewey D.	Columbus	Bartholomew-Brown
Wiseman, V. Earle	Greencastle	Putnam	Yoder, Jonathan G.	Goshen	Elkhart

Name	City	County	Name	City	County
Yoder, Richard P.	Bluffton	Wells	Zehr, Noah	Fort Wayne	Allen
York, Arthur F.	Anderson	Madison	Zeiger, Irvin	South Bend	St. Joseph
Younan, Thomas	Shelbyville	Boone	Zell, Evertson H.	McDill Field, Fla.	Marion
Young, C. Curtis	Evansville	Vanderburgh	Zeps, E. Frances	Richmond	Wayne-Union
Young, George M.	Gary	Lake	Zerfas, Charles P. A.	Indianapolis	Marion
Young, Gerald S.	Muncie	Delaware- Blackford	Zerfas, Leon G.	Camby	Marion
Young, James W.	Indianapolis	Marion	Zerfas, Phyllis K.	Indianapolis	Marion
Young, John E.	Indianapolis	Marion	Zierer, Reuben O.	Anderson	Madison
Young, John M.	Indianapolis	Marion	Zimmer, Henry J.	Mishawaka	St. Joseph
Young, Ralph H.	Goshen	Elkhart	Zimmerman, Harold	Evansville	Vanderburgh
Young, Robert G.	Marion	Grant	Zimmerman, Wm. H.	Dublin	Wayne-Union
Young, Robert L.	Gary	Lake	Zink, Robert O.	Madison	Jefferson- Switzerland
Young, Simon J. (S)	Kendallville	Noble	Ziperman, H. Haskell	Ft. Sam Hous- ton, Tex.	Marion
Yunker, Philip E.	Howe	LaGrange	Ziss, Robert C.	Evansville	Vanderburgh
Z			Zivich, John M.	East Chicago	Lake
Zalac, Donald A.	Michigan City	La Porte	Zullo, Robert S.	Michigan City	La Porte
Zallen, Stanley G.	East Chicago	Lake	Zweig, Elmer S.	Fort Wayne	Allen
Zaring, Byron K.	Columbus	Bartholomew- Brown	Zwerner, Paul F.	Terre Haute	Vigo
			Zwick, Harold F.	Decatur	Adams
			Zwickel, Ralph E.	Evansville	Vanderburgh

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the counties in which they reside.

(Paid up members of the Indiana State Medical Association as of June 1, 1956)

ADAMS COUNTY

Berne

Beaver, Norman E.....165 W. Water St.
Boze, Robert L.....167 N. Jefferson St.
Luginbill, Howard M.....165 S. Jefferson St.
Stuckey, Jerry L.....666 Lehman St.

Decatur

Burk, James M.....115 N. Third St.
Carroll, John C.....134 N. First St.
Girod, Arthur H.....1004 W. Monroe St.
Kohne, Gerald J.....134 S. Third St.
Parrish, Richard K.....238 S. Second St.
Reppert, Roland L.....222 S. Second St.
Rich, Norval.....415 W. Madison St.
Terveer, John B.....222 S. Second St.
Zwick, Harold F.....226 S. Second St.
Hinchman, Clarence P.....Geneva
Schetgen, Joseph V.....Geneva

ALLEN COUNTY

Fort Wayne

A

Adams, E. Wade.....710 W. Wayne
Aiken, Arthur F.....1923 E. State Blvd. (3)
Aiken, Nevin E.....1923 E. State Blvd. (3)
Arata, Justin E.....102 Medical Center Bldg. (2)

B

Bailey, Paul P.....206 Medical Center Bldg. (2)
Baker, Robert E.....406 W. Berry St. (2)
Baltes, Joseph H.....821 Broadway (2)
Barch, John W.....402 W. Washington Blvd.
Bash, Wallace E.....2318 Fairfield Ave. (6)
Beams, Ralph H.....715 Medical Center Bldg. (2)
Beierlein, Karl M.....334 Medical Center Bldg. (2)
Benninghoff, Daniel R.....

208 Medical Center Bldg. (2)

Bergendahl, Emil H.....
629 Medical Center Bldg. (2)
Berghoff, Raymond J.....306 E. Jefferson St. (3)
Beutler, Theodore V.....527 W. Berry St.
Bichacoff, Billie D.....615 W. Wayne St. (2)
Bickel, John E. (S).....2615 S. Lafayette St. (2)
Blichert, Peter A.....334 Medical Center Bldg. (2)
Blosser, Howard V. (S).....309 W. Main St. (2)
Bolman, Ralph M.....717 Broadway (2)
Borders, Theodore R.....1147 S. Lafayette St. (2)
Bowers, Gah T.....307 E. Jefferson St. (2)
Bowers, Jesse W.....418 Gettle Bldg.
Bridges, William L.....520 Medical Center Bldg. (2)
Brosius, Robert H. W.....1603 Wells St. (7)
Brown, Frederic W.....2301 Fairfield Ave. (6)
Bruggeman, Henry O. (S).....1202 Wash. Blvd. (2)
Bryan, Franklin A.....402 W. Washington Blvd. (2)
Buckner, Doster.....533 W. Washington Blvd. (2)
Buckner, George D.....533 W. Washington Blvd. (2)

C

Calvin, Jessie C. (S).....312 W. Wayne St. (2)
Carey, Willis W. (S).....2525 S. Calhoun (5)
Carlo, Ernest R.....2902 Fairfield Ave. (6)
Cartwright, Emor L.....230 Medical Center Bldg. (2)
Chambers, Alan R.....601 W. Wayne St. (2)
Clark, William R.....3622 S. Calhoun St. (6)
Cochran, Harry A., Jr.....1301 S. Harrison St.
Conley, John E.....620 W. Berry St. (2)
Cooney, Charles J.....527 W. Berry St. (2)

Cornell, Beaumont S.....229 W. Berry St.
Culp, John E.....2902 Fairfield Ave. (6)

D

Dancer, Charles R. (S).....905 Columbia Ave. (3)
Datzman, Richard C.....525 Medical Center Bldg. (2)
Ditton, Irwin W. (S).....1214 E. Wayne St. (4)
Duemling, Arnold H.....Weyrick Bldg.
Dunstone, Harry C.....502 Medical Center Bldg. (2)

E

Edlavitch, Baruch M.....716 Rockhill (2)
Elston, Lynn W.....604 Medical Center Bldg. (2)
Elston, Ralph W.....604 Medical Center Bldg. (2)
Emenhiser, John L.....1411 Reed Rd.

F

Ferguson, Arthur N.....2902 Fairfield Ave. (6)
Fichman, Abraham M.....323 W. Berry St. (2)
Foy, Hayward W.....1747 Wells St.
Frankhouser, Charles M. A.....
520 Medical Center Bldg. (2)

G

Garton, Harry W.....1635 Broadway
Gerding, William J.....2638½ S. Calhoun
Gladstone, Naf H.....335 W. Berry St. (2)
Glock, Homer E. (S).....324 Medical Center Bldg. (2)
Glock, Maurice E.....312 W. Wayne St. (2)
Glock, Wayne R.....2301 Fairfield Ave.
Goebel, Carl W.....2318 Fairfield Ave.
Gould, Lyman K.....3415 Fairfield Ave. (6)
Graham, George M.....1301 S. Harrison St.
Greenlee, Robert L.....1223 Stophlet
Greist, Walter D.....3024 Fairfield Ave. (6)
Griffith, Harold R.....520 Medical Center Bldg. (2)

H

Hackett, Walter G.....2701 S. Anthony
Haffner, Herman G.....202 E. Jefferson St. (2)
Haley, Alvin J.....533 W. Washington Blvd. (2)
Haller, Richard C.....410 McKinnie
Haller, Robert L.....604 W. Wayne St. (2)
Hamilton, Emory D.....2405 Florida Dr. (3)
Harshman, Louis P.....2704 N. Clinton (3)
Harvey, Harry C.....1202 E. State St. (3)
Hasewinkle, August M.....1129 E. State St. (3)
Hastings, Warren C.....811 Ewing St. (2)
Hattendorf, Anton P.....725 Medical Center Bldg. (2)
Havens, Russell E.....228 Medical Center Bldg. (2)
Hiatt, Russell L.....Veterans Hospital (3)
Hickman, Donald.....1834 Calhoun St.
Higgins, Kenneth E.....2000 Taylor St.
Hipskind, Richard E.....332 E. Pontiac
Hoffman, Arthur F.....519 Medical Center Bldg. (2)
Hoffmann, Sterling P.....234 E. Maple Grove St.
Holsinger, Robert E.....115 Medical Center Bldg. (2)
Howe, Fordyce L.....1525 Oxford St.
Humphreys, John L.....1301 S. Harrison St.

J

Jackson, John F.....519 Medical Center Bldg. (2)
Johnston, Richard M.....519 Medical Center Bldg. (2)
Jurgensen, Walter T.....3415 Fairfield Ave. (6)

K

Karol, Herbert J.....624 Medical Center Bldg. (2)
Kaufman, Julian.....229 W. Berry St.
Keck, Carleton A.....2902 Fairfield Ave. (6)
Keller, Foster C.....2156½ Fairfield Ave.
Kent, Richard N.....731 Medical Center Bldg. (2)

Keyes, Robert C. 111 Esmond
 Kidder, Orva T. Irene Byron Hospital (8)
 Kimbrough, Robert F. 618 Medical Center Bldg. (2)
 Kleifgen, William A. 617 W. Washington Blvd. (2)
 Knight, Lewis W. 310 Medical Center Bldg. (2)
 Krueger, John E. 204 E. Suttentfield
 Kruse, Edward H. 705 Lincoln Tower (2)
 Kruse, Walter E. 512 Medical Center Bldg. (2)

L

Ladig, Donald S. 221 Medical Center Bldg. (2)
 Lampe, Elfred H. 2902 Fairfield Ave. (6)
 Land, Francis L. 116 W. Rudisill Blvd.
 Leming, Ben L. 2902 Fairfield Ave. (6)
 Lenk, George G. 1805 E. Washington
 Lloyd, Robert P. 717 Broadway
 Lohman, Robert M. 4017 S. Wayne St.
 Lorman, James G. 520 Medical Center Bldg. (2)
 Loudermilk, Jack L. 520 Medical Center Bldg. (2)
 Lyon, William C. 2902 Fairfield Ave. (6)

M

Mackel, Frederick O. 2301 Fairfield Ave.
 Manning, George 111 Medical Center Bldg. (2)
 Marshall, Caesar L. 438 E. Lewis St.
 McArdle, Edward G. 2201 S. Calhoun St. (5)
 McCaillister, John W. 424 Medical Center Bldg. (2)
 McCoy, Roy R. 3701 S. Harrison St. (6)
 McDowell, George A. 215 Medical Center Bldg. (2)
 McEachern, Cecil G. 102 Medical Center Bldg. (2)
 McFall, J. S. R. 1706 Sherman
 McKeeman, Donald H. 633 W. Wayne St. (2)
 McKeeman, Leland S. 304 Medical Center Bldg. (2)
 Mendenhall, Edgar 208 Medical Center Bldg. (2)
 Mensch, James R. 2230 Alabama Ave.
 Mercer, Samuel R. 710 Medical Center Bldg. (2)
 Meyer, Herman A. 1030 W. Wayne St. (2)
 Meyer, Theodore O. 228 Medical Center Bldg. (2)
 Michaelis, Stephen C. 2154 Fairfield Ave. (6)
 Miller, Edward D. 1117 E. State Blvd.
 Miller, H. Paul 2809 Broadway (6)
 Miller, Mahlon F. 222 Medical Center Bldg. (2)
 Miller, Orval J. 324 W. Berry St. (2)
 Miller, Richard H. 511 Medical Center Bldg. (2)
 Miller, Robert B. 714 Medical Center Bldg. (2)
 Miller, William J. 2902 Fairfield Ave. (6)
 Moats, Carl F. 4007 S. Wayne St. (6)
 Moats, George E. 615 E. Washington Blvd.
 Moeller, Victor C. 4349 S. Anthony Blvd.
 Moravec, Arthur E. 705 Lincoln Tower (2)
 Mortenson, Leland J. 214 Medical Center Bldg. (2)
 Mueller, Lawrence W. 533 W. Washington Blvd. (2)

Murdock, Harvey L. 521 Medical Center Bldg. (2)

N-O

Nahrwold, Elmer W. 417 Medical Center Bldg. (2)
 Nill, John H. 204 E. Suttentfield St.
 Nolan, Gerald R. 1626 Oxford St.
 O'Brian, John F. 1805 E. Washington Blvd.
 O'Rourke, Carroll 604 W. Berry St. (2)
 Oyer, John H. 130 W. Creighton

P

Painter, Donald S. 222 Medical Center Bldg. (2)
 Parker, Carey B. 1105 S. Harrison St.
 Parrot, Donald J. 2021½ Sherman
 Perrin, Kermit F. 2701 S. Anthony Blvd.
 Perry, Frederic G. 2902 Fairfield Ave. (6)
 Pickett, Merle E. 228 Medical Center Bldg. (2)
 Ponczek, Edward 3418 S. Hanna
 Popp, Milton F. 610 Medical Center Bldg. (2)
 Powell, M. Jack. 730 W. Berry St. (2)

Q-R

Rabson, S. Milton. 730 W. Berry St. (2)
 Rawles, Lyman T. (S) 3131 Fairfield Ave. (6)
 Ray, Herbert A. (S) 402 Medical Center Bldg. (2)

Rice, Wilkie B. 1101 E. Pontiac (5)
 Rissing, Walter J. 229 W. Berry St. (2)
 Rockey, Noah A. 1224 E. State (3)
 Rodriguez, Juan. 2902 Fairfield Ave. (6)
 Roser, Arthur J. 617 W. Washington Blvd. (2)
 Rossiter, Dudley L. 103½ E. Pontiac
 Rothberg, Maurice. 625 W. Berry St.
 Rothschild, Charles J. (S) 319 Medical Center Bldg. (2)
 Rousseau, John W. 323 Medical Center Bldg. (2)

S

Sahlmann, Hans. 1320 Broadway (2)
 Salon, Harry W. 535 W. Berry (2)
 Salon, Joel W. 604 W. Wayne St. (2)
 Salon, Nathan L. 604 W. Wayne St. (2)
 Sarver, Francis E. 304 Medical Center Bldg. (2)
 Savage, Arthur R. 302 W. Berry St. (2)
 Saylors, Rodger D. 906 Washington Center Rd.
 Schellhouse, Earl M. 1240 W. Main St. (7)
 Schlademan, Karl R. 516 Medical Center Bldg. (2)
 Schmidt, Eugene E. 312 Medical Center Bldg. (2)
 Schmidt, Eugene E. 228 Medical Center Bldg. (2)
 Schmoll, Robert J. 515 W. Wayne St. (2)
 Schneider, Louis A. 730 W. Berry St. (2)
 Schoen, Frederic L. 902 W. Wayne St. (2)
 Scoins, William H. 1301 S. Harrison St. (2)
 Scott, H. Vaughn. 2902 Fairfield Ave. (6)
 Sherwood, Clarence E. Irene Byron Hospital (8)
 Sherwood, J. Vincent. Irene Byron Hospital (8)
 Shinabery, Lawrence. 1850 Broadway (6)
 Short, John T. 2902 Fairfield Ave. (6)
 Singer, Elmer C. 825 Oakdale Dr.
 Smith, Philip L. 2902 Fairfield Ave. (6)
 Smith, Roger C. 711 Medical Center Bldg. (2)
 Snyderman, Sanford C. 629 Medical Center Bldg. (2)

Somers, Gerald H. 2506 Lower Huntington Rd (6)
 Spencer, C. Herbert. 519 Medical Center Bldg. (2)
 Stauffer, Richard C. 618 Medical Center Bldg. (2)
 Stellner, Howard A. 324 W. Berry St.
 Stier, Paul L. 721 Broadway

T

Taylor, Robert G. 2902 Fairfield Ave. (6)
 Tennant, David L. 1832 S. Calhoun (6)
 Terrill, Richard W. 455 Lincoln Tower (2)
 Thimlar, James W. 602 E. Lewis (2)
 Thompson, Holland. Irene Byron Hospital (8)
 Thornton, Walter E. (S) 601 W. Oakdale Dr.

V-W

Vogel, Lloyd A., Jr. 116 W. Rudisill
 Walker, Floyd B. 3505 S. Monroe
 Ward, Gerald F. 206 Medical Center Bldg. (2)
 Ward, Paula B. 2014 Curdes Ave.
 Warfield, Chester H. 730 W. Berry St. (2)
 Weber, John R. 710 W. Wayne St. (2)
 Welty, Scudder G. 2702½ S. Calhoun St. (6)
 Wilkins, Robert W. 2902 Fairfield Ave. (6)
 Williams, A. Berneice. 3526 N. Wshington Rd. (6)
 Williams, Aubrey H. 2902 Fairfield Ave. (6)
 Wilson, Leslie. Veterans Hospital (3)
 Wilson, Roland B. 1207 S. Lafayette (2)
 Worley, Ansel C. 317 Medical Center Bldg. (2)
 Wright, William C. 621 Medical Center Bldg. (2)
 Wyatt, James L., III. 310 E. Washington St.
 Wyatt, James L., II. 233 E. Jefferson (2)

X-Y-Z

Zehr, Noah. 301 W. Creighton (6)
 Zweig, Elmer S. 344 W. Berry St. (2)

Emme, Richard W. Harlan
 Cutshaw, James A. Monroeville
 Harless, Fred. Monroeville
 Dahling, Clemens W. New Haven
 Hoetzer, Eldore M. New Haven
 Smith, Grover A. New Haven

Stumpf, Edwin E. New Haven
Moser, Edward (S) Woodburn

Baumgartner, Jeraldine
Gateway House, Smith College, Northampton,
Mass.

Drapier, Merlin H.
59 Dolphin Dr., St. Petersburg, Fla. (6)

Emenhiser, Donald C.
94 Haddon Pl., Upper Montclair, N. J.

Havice, Jay F. Box 56, Lake Lure, N. Carolina
Prentiss, Nelson H. V. A. Hospital, Oteen, N. C.

BARTHOLOMEW-BROWN COUNTIES

Columbus

Adler, David L. Bartholomew County Hospital
Beggs, Lowell F. 832 Washington St.
Clay, Eleanor 911 Washington St.
Dagley, Hubert R. 824 Sycamore St.
Davis, Marvin R. 908 Washington St.
Echsner, Herman J. 1813 25th St.
Fisher, Walter S. 422 Ninth St.
Hart, Robert B. 712 Washington St.
Hawes, James K. (S) 725 Washington St.
Hawes, Marvin E. 633 Washington St.
Henry, Alvin L. 621 Franklin St.
Krueger, Robert B. 814 Washington St.
Macy, George W. 718 Washington St.
Marr, Griffith 741 Washington St.
McCullough, Henry G. Old Indianapolis Rd.
Mohler, Floyd W. 726 Seventh St.
Norton, Harold J. 911 Washington St.
O'Bryan, Richard B. 326 16th St.
Overshiner, Lyman 1001 Fifth St.
Reid, Robert M. 2225 Central Ave.
Ritteman, George W.

Bartholomew County Hospital

Rothring, Howard E. 2120 Washington St.
Ryan, William J. 911 Washington St.
Schmitt, Richard K. 423 Ninth St.
Sigmund, William B. 522 Seventh St.
Smith, Don C. 911 Washington St.
Teal, Dorothy D. 728 Franklin St.
Williams, Everett W. 2225 Central Ave.
Wissman, William L. 2225 Central Ave.
Wood, Elmer U. (S) 2012 Washington St.
Yoder, Dewey D. 415½ Seventh St.
Zaring, Byron K. 718 Washington St.

Dudding, Joseph E. Hope
Schneider, Kenneth D. Nashville
Seibel, Robert Nashville

BENTON COUNTY

Leak, Robert H. Boswell
Coddens, Avery L. Earl Park
Altier, William H. Fowler
Miller, Dan T. Fowler
Turley, Verne L. Fowler
Rutherford, Charles E. Otterbein
Scheurich, Virgil Oxford

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Riley, Frank H. (S) Jamestown
Schaaf, Alvin D. Jamestown

Lebanon

Ball, Robert S. 424 N. Meridian St.
Beck, Herma A. (S) Boone State Bank Bldg.
Coons, John D. Boone State Bank Bldg.
Coons, Ritchie 303 W. Washington St.
Headley, Lloyd M. 1111 N. Lebanon St.

Honan, Paul R. 820 N. East St.
Kern, Clarence G. 110½ W. Washington St.
Lenox, Jack 303 W. Washington St.
Porter, Jack 209 W. North St.
Rainey, Everett A. (S) 912 N. Meridian St.
Weddle, Charles O. 905 N. Lebanon St.
Wiseheart, Robert H. 905 N. Lebanon St.

Bassett, Clancy (S) Thorntown
Bassett, Margaret A. Thorntown
Gregg, Edwin E. Thorntown
Bailey, Lawrence S. Zionsville
Harvey, Ralph J. Zionsville
Lovett, Harvey D. Whitestown

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Van Kirk, John R. Burlington
Kennedy, Eva N. Camden
Lemon, Herbert K. (S) R. 1, Camden
Wise, Charles L. Camden

Delphi

Byrne, John M. Union St.
Crampton, Charles C. (S) 115 E. Main St.
Petty, T. Neal 111 E. Franklin St.
Seese, Robert M. 101 W. North St.
Wagoner, George W. Front & Union Sts.

Adams, Max R. Flora
McLaughlin, James R. Flora

CASS COUNTY

Dutchess, C. Toney Galveston

Logansport

Adamski, Michael 408 North St.
Bailey, Earl W. 212 Fifth St.
Ballard, Charles A. 325½ E. Market St.
Bradfield, John C. (S) 408 Market St.
Cooper, Thomas L. 408 North St.
Davis, John C. Masonic Temple
Eckert, Russell A. 1101 Michigan Ave.
Fitzgerald, Brice E. 126 Fourth St.
Glendening, Richard L. 422 North St.
Hall, Bernard R. 415 North St.
Hedde, Eugene L. 211 S. Third St.
Hillis, Lowell J. 203 S. Third St.
Hochhalter, Marian 402 Barnes Bldg.
Holloway, William A. (S) 201 S. Third St.
Jewell, Earl B. 3019 S. Pennsylvania St.
Jones, J. Carl R. R. 3
Killian, E. Camille 211 S. Third St.
King, Jay M. 201 S. Third St.
Maschmeyer, Robert H. Logansport State Hosp.
Maxwell, John B. (S) 1119 High St.
Morrical, Russell J. 212 Fifth St.
Pfuetze, Max 408 North St.
Schenck, Foss (S) Logansport State Hosp.
Sheller, Thomas G. Logansport State Hosp.
Shultz, Henry M. (S) 412 Fourth St.
Slimp, Thomas E. 216 Ninth St.
Southworth, John W. Logansport State Hosp.
Stansell, Gilbert B. 1101 Michigan Ave.
Stanton, James J. (S) 220 S. Sixth St.
Stewart, Milton B. (S) 1515 Broadway
Terflinger, Fred W. (S) 2607 Broadway
Viney, Charles L. Masonic Temple
Wilson, Paul H. 422 North St.
Winter, Donald K. 422 North St.

Newcomb, William K. Royal Center
Flanagan, Estle P. Walton

Lybrook, Daniel E. Young America
 Travis, Julius C., Jr. 4 G St., San Rafael, Calif.
 Travis, Mary F.

329 Karen Way, Mill Valley, Calif.

CLARK COUNTY

Bottorff, David C. Charlestown
 Hover, Galen Charlestown
 Goodman, Eli S. Charlestown
 Lehman, Harold Charlestown
 Shina, Heskell Charlestown
 Mudd, Joseph P. Clarksville
 Willner, Alan Clarksville
 Wolverton, George M. Clarksville
 Greene, William R. Henryville

Jeffersonville

Adair, Samuel L. 201 E. Market St.
 Baldwin, John H. (S) 425 Meigs Ave.
 Bizer, Mier A. 1206 Spring St.
 Bruner, Ralph W. 437 Spring St.
 Buehler, George M. 414 Wall St.
 Carlberg, Dale L. 226 E. Maple
 Carney, Joel T. 344 Spring St.
 Clark, William B., Jr. 437 Spring St.
 Dare, Lee A. 209 E. Maple St.
 Forsee, Norman E. 437 Wall St.
 Havens, A. Lyle 205 Lindley Bldg.
 Huoni, John S. Voight Bldg.
 Isler, Nathaniel C. 519 Spring St.
 Reeder, Henry H. 140 High St.
 Roby, Alma L. 201 E. Market St.
 Weems, Mallory P. 404 Spring St.
 Witt, William R. Pfifer Bldg.

Regan, George L. Sellersburg
 Sturgis, Donald G. Sellersburg
 Vandeventer, Arthur C. Sellersburg
 Duffield, John R. Ft. Sam Houston, Tex.

CLAY COUNTY

Brazil

Maurer, J. Frank 111 N. Walnut St.
 Maurer, Robert M. 111 N. Walnut St.
 McCormick, Wilbur C. R. R. 2
 Mehne, Richard G. 1½ E. National Ave.
 Palm, John M. Brazil Trust Bldg.
 Shattuck, John C. 1½ E. National Ave.
 Weaver, Timothy M. (S) Brazil Trust Bldg.
 Webster, Robert K. Brazil Trust Bldg.
 Wood, Opal L. 111 N. Walnut St.

Moon, Charles E. Center Point
 Bond, Walter C. Clay City
 Glosson, Jack R. Clay City
 Muncie, Henry L. (S) Cloverland

CLINTON COUNTY

Waits, Chester L. Colfax

Frankfort

Applegate, Albert E. 51 E. Walnut St.
 Beardsley, Frank A. 51 S. Jackson St.
 Beardsley, John 52 S. Hoke Ave.
 Burroughs, Carroll A. 59 S. Main St.
 Carrel, Francis E. 214 Ross Bldg.
 Dykhuizen, Theodore A. 59 S. Main St.
 Erdel, Milton W. 2 E. White St.
 Flora, Fred 59 S. Main St.
 Hammersley, George K. 361 E. Clinton St.
 Hedgcock, Robert A. 259 E. Clinton St.
 Holmes, Claude D. (S) 9½ W. Clinton St.
 Jones, William W. 9½ W. Clinton St.
 Kneidel, John H. Clinton County Hospital
 Mather, Robert L. 4 E. White St.
 Stout, Harry T. 361 E. Clinton St.
 Van Kirk, John A. 204 W. Washington St.

Van Kirk, Paul P. 204 W. Washington St.
 Work, Bruce A. 47½ S. Jackson St.

Carlyle, Ivan E. (S) Michigantown
 Lind, Jaap J. Mulberry
 Grove, Robert H. Rossville
 Ketcham, John S. Rossville
 Weller, Ralph Rossville

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVISS-MARTIN COUNTIES

Eifert, Elmer E. Alfordsville
 Rohrer, James R. Elnora

Loogootee

Chattin, Robert E. 102 Wood
 Gootee, Francis H. 206 W. Main St.
 Lett, Emory B. 408 E. Main

Sears, Don Odon
 Coleman, Henry G. Odon
 Gilkison, William L. (S) Shoals

Washington

Arthur, Nora M. (S) R. R. 4
 Blazey, Arthur G. 7 E. Walnut St.
 Chattin, Vance J. 514 E. Main St.
 Farris, John J. 514 E. Main St.
 Fox, C. Philip 305 Peoples Bank Bldg.
 Lindsay, Hamlin B. 511 E. Main St.
 Lloyd, Claude A. 107 N. E. Second St.
 McKittrick, Jack Peoples Bank Bldg.
 McNaughton, Lawrence M. 400 E. Hebron St.
 Norton, Horace 511 E. Hebron St.
 Rang, Arthur A. 211 N. E. Ninth St.
 Rang, Robert H. 1312 Bedford Rd.
 Schafer, William C. 1312 Bedford Rd.
 Schroeder, Henry R. 101 N. E. First St.
 Seat, Marshall H. 101 N. E. First St.
 Shields, Harry A. 106 E. Main St.
 Smoot, Emory B. 507 E. Main St.

DEARBORN-OHIO COUNTIES

Aurora

Baker, Leslie M. 223 Mechanic St.
 Jackson, John K. 223 Mechanic St.
 Olcott, Charles W. 203 Main St.
 Treon, James F. (S) 505 Fifth St.

McNeely, Matthew J. Dillsboro
 Elliott, John C. (S) Guilford

Lawrenceburg

Fagaly, William J. 238 Short St.
 Houston, Fred D. 30 W. High St.
 Pfeifer, James M. 319 Front St.
 Streck, Francis A. 326 Walnut St.
 Vail, George A. 28 Oakley Ave.

Fessler, Gordon S. Rising Sun

DECATUR COUNTY

Tremain, Milton A. (S) Adams

Greensburg

Acher, Robert P. 216 E. Washington St.
 Callaghan, Winship C. 304 Bates Bldg.
 Dickson, Dale D. Bates Bldg.
 Miller, James C. 205 Bates Bldg.
 Morrison, James T. 207 N. Franklin
 Overpeck, Charles Murphy Bldg.
 Sallee, William T. Bates Bldg.
 Shaffer, William R. Taylor Bldg.
 Walker, Louis 215 N. Franklin

Harkcom, Harry E. St. Paul
 Porter, Robert A. Westport

DE KALB COUNTY**Auburn**

Covell, Harry M. 127 W. Seventh St.
 Geisinger, Lewis N. (S) Auburn
 Hines, Archie V. Auburn
 Hippensteel, Harland V. 208 W. Seventh St.
 Nugen, Harold 223 W. Seventh St.
 Rogers, Evered E. 212 W. Sixth St.
 Sanders, Jesse A. Auburn
 Souder, Bonnell M. Auburn
 Wills, Max 127 W. Seventh St.

Hathaway, Clayton B. Butler
 Weirich, Charles I. Butler

Garrett

Jinnings, Loren E. 200 S. Randolph
 Kantzer, Floyd B. 200 S. Randolph
 Nason, Robert A. 123 E. King
 Novy, Charles A. 200 S. Randolph
 Reynolds, D. Monroe (S) 600 E. King
 Reynolds, Russell P. 215 S. Randolph

Coleman, Floyd B. Waterloo
 Showalter, John P. Waterloo
 Van Nest, Willard A.
 501 Magnolia St., New Smyrna Beach, Fla.

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D. Albany
 Puterbaugh, Karl E. Albany
 Hurley, John R. Daleville
 Tucker, Oral A. Daleville
 Gillespy, Thurman Eaton
 Downard, Leland F. Gaston
 Langsdon, Fred R. Gaston

Hartford City

Dodds, James U. 227 W. Main St.
 Dudgeon, Charles A. 423 E. North St.
 Jackson, Dean B. 401 W. Washington St.
 Owsley, Guy A. 214 N. High St.
 Parks, George 302 N. High St.
 Weldy, Bryce P. 227 W. Franklin St.
 Werry, Leslie E. 218 W. Washington St.
 Wierzalis, Edward F. Rural Loan Bldg.

Burns, Paul E. Montpelier
 Douglas, William T. Montpelier

Muncie

Adams, Julia L. R. R. 6
 Adams, William B. Ball Memorial Hosp.
 Alvey, Charles R. 217 S. Cherry St.
 Ball, Clay A. (S) 303 W. Adams St.
 Ball, Phillip 420 W. Washington St.
 Beno, Thomas J. 420 W. Washington St.
 Bergwall, Warren L. Tillotson Ave.
 Bibler, Henry E. 311 W. Adams St.
 Botkin, Clyde G. 508 W. Jackson St.
 Botkin, Thomas 415 N. Martin St.
 Brown, Leland G. 206 S. High St.
 Brown, Thomas M. 206 S. High St.
 Burwell, Stanley W. 424 W. Jackson St.
 Butterfield, Robert M. 315 W. Jackson St.
 Clark, Robert M. 115 N. Cherry St.
 Clauser, Eldo H. M. 315 S. Jefferson St.
 Clevenger, Joseph H. 424 W. Jackson St.
 Cochran, Robert B. 420 W. Washington St.
 Covalt, Wendell E. 305 Western Reserve Bldg.
 Cullison, John L. 1600 W. Jackson St.
 Cure, Elmer T. 122 W. Jackson St.
 Davis, Edgar C. 107 Plaza Bldg.
 Deutsch, William 309 Johnson Bldg.
 Dunn, Ferrell W. 2210 Janney Ave.
 Enerson, Daniel M. 110 N. Cherry St.
 Funk, John W. 217 W. Charles St.
 Galliher, Marjorie J. 115 S. Liberty St.
 Garling, Luvern C. 420 W. Washington St.

Geckler, Charles E. 203 Western Reserve Bldg.
 Gill, Thomas A. 808 W. Jackson St.
 Greiber, Marvin F. 420 W. Washington St.
 Gustafson, Milton 808 W. Jackson St.
 Hall, Orville A. 514 Wysor Bldg.
 Hayes, Theodore R. 210 S. High St.
 Henderson, Ramon A. 806 W. Main St.
 High, Ralph L. 420 W. Washington St.
 Hill, Howard E. 402 W. Jackson St.
 Hill, Robert E. 215 W. Jackson St.
 Hostetter, Irwin S. 115 N. Cherry St.
 Hurley, Anson G. 1111 W. Jackson St.
 Imhof, Joseph D. 206 Western Reserve Bldg.
 Kammer, Grace C. 1005 W. Parkway Dr.
 Kammer, Walter F. 420 W. Washington St.
 Kern, Charles B. (S) 31 Mann
 Kirshman, Forrest E. 211 S. High St.
 Kuder, Howard V. 420 W. Washington St.
 LaDuron, Jules F. 517 S. Liberty St.
 McClintock, James A. 316 W. Adams St.
 McCoy, George E. 806 W. Jackson St.
 McDowell, Fletcher W. 315 S. Jefferson St.
 Molloy, William J. (S) 619 E. Charles St.
 Montgomery, Lall G. Ball Memorial Hosp.
 Moore, Thomas C. 100 N. Cherry St.
 Moore, Will C. 110 N. Cherry St.
 Morris, Jean W. 247 Johnson Bldg.
 Owens, Richard R. 406 Western Reserve Bldg.
 Owens, Thomas R. 202 Western Reserve Bldg.
 Peacock, Robert C. 124 S. High St.
 Pippenger, Wayne G. Ball State Teachers College
 Quick, William J. 314 E. Washington St.
 Rathkey, Arthur S. 420 W. Washington St.
 Rettig, Arthur C. 314 W. Jackson St.
 Rivers, Glynn A. 625 W. Adams St.
 Saperstein, Morris 2327 S. Madison St.
 Schulhof, Maurice G. 420 W. Washington St.
 Smith, James S. 501 Kirby
 Stanley, John R. 310 W. Jackson St.
 Starks, William O. 420 W. Washington St.
 Steele, Frank M. 3013 Devon Rd.
 Stibbins, Warren E. 2210 Janney Ave.
 Stocking, Bruce W. Ball Memorial Hosp.
 Stout, Francis E. 2423 W. Jackson St.
 Taylor, Donald R. Ball Memorial Hosp.
 Taylor, James A. Delco Remy Plant
 Tindal, Edward F. (S) 214 Wysor Bldg.
 Tomlin, Hugh M. 420 W. Washington St.
 Turner, Robert D. 217 S. Liberty St.
 Venis, Kemper N. 108 N. Liberty St.
 Vlaskamp, Elaine M. 401 W. Main St.
 Young, Gerald S. 316 W. Jackson St.

Moss, Mavor J. Yorktown
 Ko, Richard C. B.
 U. S. Naval Training Center, Great Lakes, Ill.

DUBOIS COUNTY

Backer, Henry G. Ferdinand

Huntingburg

Bretz, John M. 302 Fourth St.
 Scales, Alfred B. 532 Fourth St.
 Steinkamp, Emil F. (S) 302 Walnut St.
 Stork, Harvey K. 532 Fourth St.
 Williams, Fielding P. 215 W. Walnut St.

Jasper

Blessinger, Paul J. 325 E. Sixth St.
 Gootee, Thomas H. 101-4 Central Bldg.
 Heck, Martin C. 801 Newton
 Held, George A. 716 W. Ninth St.
 Klammer, Charles H. Metzger Bldg.
 Lukemeyer, St. John 109 W. 12th St.
 Ploetner, Edward J. Sixth & Newton Sts.
 Salb, Leo A. 301 E. Sixth St.
 Wagner, Arthur L. 801 Newton St.
 Salb, John P. 20 Second Dr. #6, MacDill, Fla.
 Amini, Sohrab 540th Gen. Disp., A.P.O. 227, N. Y.
 Greenburg, Rolland Norfolk, Va.

ELKHART COUNTY

Horswell, Richard G. Bristol
Neidballa, Edward G. Bristol

Elkhart

Arlook, Theodore D. 912 W. Franklin St.
Bender, Robert L. 411 S. Third St.
Benson, James E. 405 S. Second St.
Billings, Elmer R. 405 S. Third St.
Bloom, George R. 506 S. Second St.
Bolin, Robert S. 209 S. Second St.
Bowdoin, George E. 515 S. Second St.
Compton, Walter A. 1127 Myrtle St.
Conklin, Raymond L. 323 E. Crawford
Cormican, Herbert L. 316 S. Fourth St.
Crandall, Latham A. Miles-Ames Laboratory
DeDario, Leonard M. 123 W. Marion St.
Dovey, Edward G. 405 S. Second St.
Elliott, Lloyd A. 405 S. Second St.
Elliott, Thomas A. 405 S. Second St.
Fleming, Claude F. (S) 217 W. Jefferson St.
Futterknecht, James O. 405 S. Second St.
Gattman, George B. 427 S. Second St.
Heminway, Norman L. Miles-Ames Laboratory
Hull, Arthur W. 117 W. Marion
Ivy, John H. 405 S. Second St.
Kintner, Burton E. 506 S. Second St.
Kistner, Arthur W. 400 Equity Bldg.
Koehler, Elmer G. 416 W. Lexington Ave.
Leasure, Kenneth 1000 W. Marion St.
Logan, Richard S. 1200 W. Marion St.
Lundt, Milo O. 521 S. Second St.
Markel, Ivan J. 215 W. Franklin St.
McArt, Bruce A. 123 W. Marion St.
Martin, Paul H. 202 Harrison St.
Mendez, Carlos 116 W. Marion St.
Miller, Galen R. 903 W. Franklin St.
Miller, Hugh A. 115 S. Third St.
Miller, Samuel T. 506 S. Second St.
Mininger, Edward P. 413 W. Franklin St.
Mishkin, Irving 209 S. Second St.
Norris, Allen A. (S) 401 W. Marion St.
Paff, William A. 515 S. Second St.
Paine, George E. 329 Meisner Ave.
Pancost, Vernon K. 200 Equity Bldg.
Patrick, Glenn B. 427 S. Second St.
Rouen, Robert 114 Monger Bldg.
Rupe, Lloyd O. 209 Equity Bldg.
Schlosser, Herbert C. 116 W. Marion St.
Sears, Murray M. (S) 304 Equity Bldg.
Spray, Page E. 316 Fourth St.
Staufer, Walter A. (S) 701 Strong Ave.
Stout, Richard B. 1501 Greenleaf Blvd.
Stubbins, William M. 412 S. Second St.
Swank, L. Forrest 315 Equity Bldg.
Swihart, Homer R. 124 W. Marion St.
Swihart, Leonard F. 214 W. Marion St.
Wilson, Orley E. 217 N. Main St.
Work, James A., Jr. 133 Monger Bldg.
Yoder, C. Richard 603 Oakland

Goshen

Amstutz, Henry C. 112 W. High Park
Bartholomew, Mary L. 317 E. Lincoln
Bender, Cecil K. 320 S. Fifth St.
Bigler, Frederick W. 314 S. Fifth St.
Bosler, Howard A. Waterford Mills, mail Goshen
Bowser, Philip G. 107 S. Fifth St.
Chandler, Leon H. Shoots Bldg.
Freeman, Floyd M. 109 W. Washington St.
Hostetler, Carl M. 304 E. Lincoln
Martin, Floyd S. 127 E. Lincoln
Quilty, Thomas J. 112 E. Madison St.
Simmons, Lloyd H. 208 E. Lincoln
Turner, John P. 115 E. Washington St.
Wagner, David G. 307 S. Seventh St.
Westfall, George S. 214 E. Lincoln
Yoder, Albert C. (S) 113 S. Fifth St.

Yoder, Jonathan G. 314 E. Lincoln
Young, Ralph H. 113 E. Madison

Massanari, Walter Millersburg
Norris, Ernest B. Middlebury
Teters, Melvin S. Middlebury

Nappanee

Fleetwood, Raymond A. 357 N. Nappanee
Kendall, Forest M. 252 W. Market St.
Price, Douglas W. 162 E. Market St.
Roose, Lisle W. 357 N. Nappanee
Slabaugh, Jancy S. (S) 111 N. Main St.

De Fries, John J. New Paris
Abel, Robert Wakarusa
Amick, Charles L. Wakarusa
Hannah, Jack W. Wakarusa
Todd, David D.

5835 Beaumont Ave., La Jolla, Calif.

FAYETTE-FRANKLIN COUNTIES**Brookville**

Foreman, Walter A. Brookville
Peters, Elmer E. 830 Main St.
Seal, Perry F. 901 N. Main St.
Smith, Herbert N. 812 Main St.
Truman, E. Michael 814 Main St.

Connersville

Cavitt, Robert F. 930 Central Ave.
Dale, Maxwell H. 818 Grand
Ellis, George M., Jr. 108 E. 10th St.
Entner, Charles L. 117 E. Sixth St.
Fruth, Rodney B. 634 Eastern Ave.
Fruth, Virgil J. 634 Eastern Ave.
Gregg, Albert F. 124 E. Sixth St.
Hudson, Arlington M. 716 Grand Ave.
Kemp, William A. 122 W. Seventh St.
Kerrigan, William F. 718 Central Ave.
Lockhart, Jack M. 520 Eastern Ave.
Mountain, Francis B. 930 Central Ave.
Neukamp, Frank H. 621 Central Ave.
Sanders, Bertram W. 634 Eastern Ave.
Smelser, Herman W. 823 Central Ave.
Steinem, Joseph L. 812 Grand Ave.
Watterson, Gerald T. 1910 Virginia Ave.

Poston, Clement L. R. R. 2, Laurel

FLOYD COUNTY

Engleman, Harry K. (S) Georgetown

New Albany

Allen, Frederick K. 1207 E. Spring St.
Baker, Avey M. 811 E. Spring St.
Baker, John R. 2523 Glenwood Court
Baxter, James W. 1201 E. Spring St.
Baxter, Samuel M. 1201 E. Spring St.
Briscoe, Clarence E. (S) 1413 E. Spring St.
Brown, Kenneth H. 410 E. Spring St.
Byrn, Howard W. 415 Elsby Bldg.
Cannon, Daniel H. 1203 E. Spring St.
Davis, Parvin M. 601 E. Spring St.
Edwards, William F. Floyd County Bank Bldg.
Garner, William H., Jr. 919 E. Spring St.
Garner, William H. 919 E. Spring St.
Gentile, John P. 101 Adams St.
Geyer, Joseph Silvercrest Sanitarium
Harris, Robert W. 602 E. Spring St.
Hauss, Augustus P. 212 Elsby Bldg.
Hess, Paul P. Floyd Co. Bank Bldg.
Higgins, John R. 700 E. Spring St.
LaFollette, Donald 500 E. Spring St.
LaFollette, Robert E. 500 E. Spring St.
McCullough, James Y. 624 E. Spring St.
Murphy, Edgar W. 1824 State St.
Paris, John M. 602 E. Spring St.
Pierce, Gene S. R. R. 21
Robertson, Addis N. 820 E. Spring St.

Ruoff, William.....Silvercrest Sanitarium
 Sloan, Herbert P.....1207 E. Spring St.
 Sonne, Irvin S., Jr.....703 E. Spring St.
 Streepey, Jefferson I.....1102 E. Spring St.
 Tyler, Frank T. (S).....Hausfeldt Lane
 Voyles, Harry E.....213 Elsby Bldg.
 Wallace, Elmer L.....1516 State St.
 Weaver, William W.....1104 E. Spring St.
 Wohlfeld, Gerald.....Silvercrest Sanitarium
 Wolfe, Nelson.....1117 E. Spring St.
 Worley, Henry L.....1104 E. Spring St.

FOUNTAIN-WARREN COUNTIES

Attica

Fisher, John E.....Masonic Bldg.
 Maris, Lee J.....201 Brady
 Petrich, Peter R.....401 S. Perry St.
 Pierce, Emmett, Jr.....401 S. Perry St.
 Raymundo, Vivencio F.....401 S. Perry St.

Hoffman, Max N.....Covington
 Stephens, Lowell R.....Covington
 Suzuki, Tsutomu T.....Covington
 Priebe, Fred H.....Hillsboro
 Smith, Byron J.....Kingman
 McCord, Carl B.....Veedersburg
 Person, Theodore C.....Veedersburg
 Rusk, Hubert M.....Wallace
 Nelson, Carl A.....West Lebanon
 Crain, James W.....Williamsport
 Spinning, A. L. (S)
 1563 S. Palm Canyon, Palm Springs, Calif.

FULTON COUNTY

Herrick, Charles L.....Akron
 Miller, Virgil C.....Akron
 Dielman, Franklin C. (S).....Fulton
 Kelsey, Lawrence E.....Kewanna
 Kranning, Kenneth K.....Kewanna

Rochester

Glackman, John C. (S).....912 Main St.
 Herendeen, Elbie V.....120 W. Ninth St.
 Johnson, Frank P.....817 E. 9th St.
 Richardson, Charles L.....121 W. Eighth St.
 Rowe, Howard H.....705 Jefferson St.
 Stinson, Arthur E. (S).....816 Main St.
 Stinson, Dean K.....816 Main St.

GIBSON COUNTY

Geick, Raymond G.....Fort Branch
 Hollis, Walter H.....Fort Branch
 Marchand, Edwin V.....Haubstadt
 Petitjean, Harold G.....Haubstadt
 Chappell, Harold R.....Oakland City
 Ropp, Eldon R.....Oakland City
 Turner, Maurice A.....Oakland City
 Wood, Russell W.....Oakland City
 Geller, Samuel.....Owensville

Princeton

Brazelton, Osborne T.....222 E. Clark
 Carpentier, Harry F.....105 E. Broadway
 Folck, John K.....115 N. Prince St.
 Graves, Orville M.....117 S. Hart St.
 McCarty, Virgil.....113 S. Main St.
 McElroy, Robert S.....116 S. Main St.
 Peck, James F.....218 Broadway
 Strickland, Karl S. (S).....230 W. Broadway
 Weitzel, Roland.....112 S. Hart St.

GRANT COUNTY

Grant, M. Arthur.....Fairmount
 Yale, Charles A.....Fairmount
 Garrison, Leon J.....Gas City
 Koontz, William A.....Gas City
 Baskett, Russell J.....Jonesboro

Marion

Abell, Charles F.....321 Marion Nat'l Bank Bldg.
 Alderfer, Henry.....131 N. Washington St.
 Ayres, Wendell W.....303 Glass Block
 Bailey, Donald E.....107 E. 31st St.
 Bailey, Douglas A.....107 E. 31st St.
 Bloom, Asa W.....724 W. Third St.
 Boyer, Grace B.....605 Locust St.
 Braunlin, Robert F.....711 Marion Nat'l Bank Bldg.
 Braunlin, William H.

709-15 Marion Nat'l Bank Bldg.

Brown, Robert M.....520 Marion Nat'l Bank Bldg.
 Comeau, William J.....Marion General Hosp.
 Cunningham, Robert D.....510 Glass Block
 Daniels, Erle O. (S).....708 Marion Nat'l Bank Bldg.
 Daniels, George R. (S).....324 Glass Block
 Davis, Joseph B.....131 N. Washington St.
 Davis, Merrill S.....131 N. Washington St.
 Davis, Richard.....131 N. Washington St.
 Diamond, Leo L.....413 Marion Nat'l Bank Bldg.
 Fisher, Henry.....1502 S. Washington St.
 Ganz, Max.....930 S. Adams
 Gustafson, Carl J.....Veterans Hospital
 Hummel, Russel M.....317 Marion Nat'l Bank Bldg.
 Jarrett, John C.....131 N. Washington St.
 Lahr, Richard E.....1121 W. Third St.
 Lavengood, Russell W.....225 Glass Block
 Long, Max R.....803 S. Boots St.
 Lonngren, Dudley H.....131 N. Washington St.
 Love, V. Logan.....131 N. Washington St.
 MacNamee, D. Hugh.....131 N. Washington St.
 Miller, H. Allison.....320 Glass Block
 Nowak, Henry J.....Veterans Hospital
 Pattison, John D.....131 N. Washington St.
 Powell, J. Paxton.....501 Glass Block
 Renbarger, Lester L.....1531 W. Second
 Rhamy, Arthur P.....506 Glass Block
 Rhorer, John G.....201 S. D St.
 Simmons, Frederick H.....525 Glass Block
 Skomp, Claud E.....302 Marion Nat'l Bank Bldg.
 Snowwhite, Arthur B.....311 Glass Block
 Sthair, Phillip L.....506 Glass Block
 Warren, Carroll B.....511 Glass Block
 Weinberg, Samuel.....104 W. Third St.
 Wicker, Eugene H.....Marion General Hospital
 Wojcik, Ladislav D.....131 N. Washington St.
 Woodbury, John W.....131 N. Washington St.
 Young, Robert G.....2927 S. Washington St.

King, Peter C.....Swayzee
 Burge, Aaron D. (S).....Sweetzer
 Taylor, Everett C.....Upland
 Rifner, Eugene S.....Van Buren

GREENE COUNTY

Bloomfield

Graf, Jerome A.....Bloomfield
 Mount, Mathias S.....55 N. Franklin St.
 Turner, Harold B.....8 East Main St.
 Turner, Jack J.....8 East Main St.
 Van Sandt, Frank A. (S).....110½ E. Main St.

Sosa, Carlos M. A.....U. S. Naval Depot, Crane
 Porter, Carl M.....Jasonville
 Rotman, Harry G.....Jasonville
 Rotman, Sam I.....Jasonville
 Bailey, Edwin B.....Linton
 Broshears, Kenneth P.....Linton
 Craft, William F.....Linton
 Raney, Ben B.....Linton
 Tomak, Milton E.....Linton
 Woner, John W.....Linton
 Hamilton, M. Luther (S).....Newberry
 Fender, Asa H.....Worthington
 Moses, George E.....Worthington
 Moses, Robert E.....Worthington

HAMILTON COUNTY

Hicks, Joseph (S).....Arcadia
 Karlick, Joseph.....Arcadia
 McDaniel, Franklin P. (S).....Atlanta
 Donahue, Claude M.....Carmel
 Snyder, Parker M.....R. R. 2, Box 271, Carmel
 Thomas, Clayton W.....Carmel
 Havens, Oscar.....Cicero

Noblesville

Ambrose, Jesse C.....298 N. Ninth Street
 Campbell, Sam W.....952 Maple St.
 Harris, Robert F.....120 N. 11th St.
 Hash, John S.....139 S. 10th St.
 Kraft, Haldon C.....195 S. 10th St.
 Lloyd, Joe R.....148 N. 9th St.
 Shanks, Ray W.....104 S. 10th St.
 Shonk, Harold W.....1084 Clinton St.
 Southard, Carl B.....55 S. 16th St.

Griffith, James W.....Sheridan
 Newby, Eugene.....Sheridan
 Reck, John L.....Sheridan
 Connoy, Andrew F.....Westfield
 Connoy, Leo F.....Westfield

HANCOCK COUNTY

Scott, Robert S.....Charlottesville
 Ferrell, Mars B.....Fortville
 Manifold, Harold W.....Fortville
 Navin, Hugh K.....Fortville

Greenfield

Endicott, Wayne.....940 N. State St.
 Farrell, John J., Jr.....1001 N. State St.
 Gibbs, Charles M. (S).....203 E. North St.
 Gill, Dee D.....1001 N. State St.
 Henn, R. Anthony.....211 W. Main St.
 Kinneman, Robert E.....114 N. State St.
 Kirby, Ted C.....114 N. State St.
 Smith, John H.....744 N. State St.
 Vingis, Bronie.....746 N. State St.
 Woods, James R., Jr.....11 N. State St.

Larrabee, William H. (S).....New Palestine
 Pierson, Thomas A.....New Palestine
 Kuhn, Robert W.....Wilkinson
 Titus, Charles R. (S).....Wilkinson
 Hunter, Donn.....4112 N. 48th Ave., Glendale, Ariz.

HARRISON-CRAWFORD COUNTIES

Amy, William E. (S).....Corydon
 Blessinger, Louis H.....Corydon
 Brockman, Wilfred.....Corydon
 Dillman, Carl E.....Corydon
 Martin, Samuel W.....Corydon
 Baker, Guy D.....Crandall
 Gobbel, Novy E.....English
 Seipel, Stanley.....Lanesville
 Benz, Jesse.....Marengo
 Lynch, Otis R.....Marengo
 Mathys, Alfred (S).....Mauckport
 Davis, Claude E.....Milltown
 Neely, Alonzo S. (S).....New Middletown
 Johnson, Jerome M.....Palmyra

HENDRICKS COUNTY

Foltz, Lloyd E.....Brownsburg
 Scudder, Arthur N.....Brownsburg
 Ellett, John, Jr.....Coatesville

Danville

Hibner, Kermit.....25 W. Marion St.
 Koch, Elmer L.....201 E. Columbia St.
 Southard, James E.....138 W. Marion St.
 Terry, Lloyd.....138 W. Marion St.

Ellis, Lyman H.....Lizton
 Wiseheart, Oscar H. (S).....North Salem

Scamahorn, Malcolm O.....Pittsboro
 Scamahorn, Oscar T.....Pittsboro

Plainfield

Aiken, Milo M.....140 N. Center St.
 Cohen, Irving.....115 E. Main St.
 Johnston, Alan.....115 E. Main St.
 Stafford, James C. (S).....107 W. Main St.
 Stafford, William C.....107 W. Main St.
 Walker, Jack M.....Plainfield
 Frantz, Mount E.

3530th USAF Hosp., Bryan AFB, Texas

HENRY COUNTY

Call, Earle B.....Knightstown
 McNabb, Richard C.....Knightstown
 Wiatt, Leonard.....Knightstown
 Scheetz, Marion R.....Lewisville
 Arford, Roxford D.....Middletown
 Drago, Farrol.....Middletown
 Hammer, Jay W.....Middletown
 Stauffer, George E.....Mooreland
 Marshall, Lloyd C.....Mt. Summit

New Castle

Amos, Robert L.....1219½ Race St.
 Bitler, Clyde C.....1319 Church St.
 Bledsoe, James G.....319 S. 14th St.
 Burnett, Arthur B.....106 N. Main St.
 Canaday, Clifford E. (S).....1411 Church St.
 Craig, Alexander F.....M R 13, Crescent Dr.
 Davies, Robert.....1319 Church St.
 Fisher, John E.....409 Burr Bldg.
 Foster, Ray T.....1215 Race St.
 Grant, Phyllis.....Epileptic Village
 Harrison, Benjamin L.....118 Jennings Bldg.
 Heilman, William C.....1319 Church St.
 Heilman, William C., Jr.....1319 Church St.
 Hill, Kenneth G.....1319 Church St.
 Itermann, George E.....1319 Church St.
 Kennedy, Walter U.....208 Union Block
 Life, Homer L.....101 S. 11th St.
 McDonald, Frank C.....527 S. Main St.
 McElroy, James S.....1319 Church St.
 McKee, Roy G.....319 S. 14th St.
 Mosier, Jack M.....Epileptic Village
 Saint, William K.....1219½ Race St.
 Stout, Walter M.....1319 Church St.
 Thorne, Charles E.....200 N. 12th St.
 Tully, John A. (S).....502 S. Main St.
 Vivian, Donald E.....Henry County Hospital
 Wiggins, Dulania S. (S).....219 S. 12th St.

Robertson, William S.....Spiceland

HOWARD COUNTY

Denton, Larkin D.....Greentown
 Shoup, Homer B.....Greentown

Kokomo

Alward, John H.....401 W. Walnut St.
 Ault, Carl H.....421 W. North St.
 Boughman, Joe D.....1907 W. Sycamore
 Bowers, Copeland C.....210 W. Mulberry St.
 Bowers, Garvey B.....210 W. Mulberry St.
 Bowers, John A.....210 W. Mulberry St.
 Bruegge, Theodore J.....630 Armstrong-Landon Bldg.
 Cattell, Lee M.....214 E. Mulberry St.
 Clarke, Elton R.....304 W. Taylor St.
 Conley, Thomas M.....520 Union Bank Bldg.
 Craig, Reuben A.....608 Armstrong-Landon Bldg.
 Craig, Reuben.....610 Armstrong-Landon Bldg.
 Crawford, Theodore R.....416 W. Sycamore St.
 Earl, Max M.....409 W. Taylor St.
 Ferry, Paul W.....406 Union Bank Bldg.
 Frazier, Jack L.....117 W. Markland
 Golper, Marvin N.....1907 W. Sycamore St.
 Good, Richard P.....308 Armstrong-Landon Bldg.
 Halfast, Richard W.....214 E. Mulberry St.
 Hutto, William H.....408 Armstrong-Landon Bldg.

Jewell, George M. 508 Armstrong-Landon Bldg.
 Knepple, LaMarr R. (S) 534 W. Sycamore St.
 Kremers, George A. 522 Armstrong-Landon Bldg.
 Lung, Bruce D. 410 Union Bldg.
 McClure, Warren N. 407 W. Taylor St.
 McIndoo, Ralph E. 304 W. Walnut St.
 Meiner, Joseph A. (S) 924 S. Washington St.
 Mendelson, Stanley M. 117 W. Markland
 Morrison, William R. 504 Union Bank Bldg.
 Murray, Ernest C. 501 N. Washington St.
 Paris, Durward W. 614 Armstrong-Landon Bldg.
 Phares, Robert W. 905 W. Mulberry St.
 Prather, Philip E. 117 W. Markland
 Ramey, John W. 107½ S. Union St.
 Rhorer, Herbert M. 210 W. Mulberry St.
 Rudicel, Max 1907 W. Sycamore St.
 Schwartz, Frederick C. 518 Armstrong-Landon Bldg.

Shenk, Earl M. 208½ N. Main St.
 Smith, Gloster J. 105½ E. Sycamore St.
 Sorenson, Raymond 522 Armstrong-Landon Bldg.
 Spangler, Jesse S. 215 E. Taylor St.
 Taraba, Ralph W. Delco Radio Div.
 Trimble, John G. 116 S. Buckeye St.
 Wachob, Tom W., Jr. 516 Armstrong-Landon Bldg.

Fosgate, Orville E. Russiaville

HUNTINGTON COUNTY

Huntington

Brubaker, Harold S. 42 W. Park Dr.
 Casey, Stanley M. 408 E. Market St.
 Clunie, William A. 323 W. Park Dr.
 Cope, Stanton E. 1022 N. Jefferson St.
 Erehart, Mark G. 232 W. Market St.
 Eviston, John B. 34 E. Washington St.
 Galbreath, Russell S. 16 W. Washington St.
 Gray, Paul M. 340 E. Market St.
 Grayston, Wallace S. (S) 303 E. Market St.
 James, Thomas, Jr. 202 U. B. Publishing Bldg.
 Johnston, Robert G. 339 E. Market St.
 Marks, Howard H. 248 W. Park Dr.
 Meiser, Robert D. 612 N. Jefferson St.
 Mitman, Floyd B. 210 W. Park Dr.
 Nie, Grover M. 650 Cherry St.
 Omstead, Trevalyn W. 244 E. Washington St.
 Thompson, Frank M. 818 W. Park Dr.
 Wagner, Richard 1355 Guilford

Woods, Halden C. Markle
 Bennett, J. B. Warren
 Eby, Ida L. (S) Methodist Home, Warren
 McIlwain, Eleanor E. Methodist Home, Warren
 McIlwain, Robert E. Methodist Home, Warren

JACKSON COUNTY

Cummings, David J. (S) Brownstown
 Gillespie, Garland R. Brownstown
 Shields, Jack E. Brownstown
 Adair, William K. Crothersville
 Bard, Frank B. Crothersville
 Butler, Joe B. Crothersville
 Scharbrough, William Medora

Seymour

Baxter, Harry R. 326 N. Walnut St.
 Black, Joe M. 502 W. Second St.
 Bobb, Kenneth E. 311 Lee Blvd.
 Bosch, Ralph 635 W. Second St.
 Day, William D. C. 510 W. Sixth St.
 Elsner, Lawrence W. 503 W. Sixth St.
 Gillespie, Charles E. (S) 109½ N. Chestnut St.
 Graessle, Harold P. 304 W. Second St.
 Kamman, George H. (S) 300 N. Chestnut St.
 Martin, Guy 105 N. Walnut St.
 Miller, Harold E. Vehslage Bldg.
 Osterman, Louis H. 315 S. Second St.
 Ripley, John W. 321 Bruce St.

Shortridge, Wilbur H. 326 N. Walnut
 Wiethoff, Clifford A. 215 W. Second St.

JASPER-NEWTON COUNTIES

Johnson, Harold V. Brook
 Schoonveld, Arthur Brook
 Brady, Kingdon De Motte
 Coursey, James O. Goodland
 Holland, Charles E. Goodland
 Paul, Daniel F. Kentland
 Waltz, Frank C. Kentland
 Yegerlehner, Roscoe S. Kentland
 Merchant, Raymond Lake Village
 Larrison, Glenn D. Morocco
 Williams, Charles E. Morocco
 Williams, Hugh J. Morocco
 Hartsough, Ralph L. Remington
 Schantz, Richard Remington
 Beaver, Ernest R. Rensselaer
 Johnson, Cecil E. Rensselaer
 O'Brien, Francis E. Rensselaer
 Ockerman, Kenneth R. Rensselaer
 Titus, Jack L. Rensselaer
 Gwin, Merle D. (S) Rensselaer

2111 Regatta Ave., Miami Beach, Fla.

JAY COUNTY

Garber, Edwin C. (S) Dunkirk
 Hall, Emory H. Dunkirk
 Heller, Nelson L. R. Dunkirk
 Shroyer, Herbert Dunkirk
 Tate, Elizabeth Dunkirk
 Hiestand, Harley J. (S) Pennville

Portland

Badders, Ara C. 226 W. Main St.
 Cring, George V. 210 W. Walnut St.
 Cripe, William 116 W. Walnut St.
 Fitzpatrick, James S. 603 W. Arch St.
 Gillum, Eugene M. Main and Meridian Sts.
 Hammond, Stanley M. Weiler Bldg.
 Keeling, Forrest E. 116 W. Walnut St.
 Lyon, Florence M. 127 E. North St.
 Moran, Mark M. Portland
 Morrison, George C. Weiler Bldg.
 Schenck, Ralph E. 603 W. Arch St.
 Spahr, Donald E. 615 W. Race St.
 Steffy, Ralph M. 116 W. Walnut St.

Lansford, John Redkey

JEFFERSON-SWITZERLAND COUNTIES

Robertson, David W. (S) Deputy
 Henning, Carl (S) Hanover

Madison

Alcorn, Merritt O., Jr. 428 E. Main St.
 Beetem, Luther F. 425 W. Main St.
 Childs, A. G. W. (S) 412 E. Main St.
 Childs, Wallace E. 412 E. Main St.
 Haney, William 104 E. Third St.
 Hare, Francis W., Jr. 722 W. Main St.
 Jolly, Lewis E. 722 W. Main St.
 May, George A. 426 E. Main St.
 McAtee, Ott B. Madison State Hospital
 Modisett, Jackson W. 722 W. Main St.
 Modisett, Marcella S. 722 W. Main St.
 Moore, Martha Madison State Hospital
 Murray, William E. Madison State Hospital
 Pratt, Ralph M., Jr. Madison
 Prenatt, Francis Madison State Hospital
 Shuck, William A. Odd Fellows Bldg.
 Turner, Anna Goss 104 E. Third St.
 Turner, Oscar A. 602 E. Second St.
 Whitsitt, Schuyler A. (S) 722 W. Main St.
 Zink, Robert O. 722 W. Main St.

Bear, Lowery H. (S) Vevay
 Ellerbrook, George E. Vevay
 Graves, Noel S. Vevay
 Hamilton, Antha A. Vevay

Cook, Elbert C. (S).....R. R. 13, Bradenton, Fla.
Hamilton, Guy W. (S).....Box 144, Durati, Calif.

JENNINGS COUNTY

Daubenheyer, Miles F. (S).....Butlerville
Hashemi, Hossein.....Butlerville
Meyer, Hans

Muscatatuck State School, Butlerville

North Vernon

Calli, Louis.....408 S. State St.
Green, John H.....202 E. Walnut St.
Johnson, William A.....45 N. Madison Ave.
Matthews, Dennis W. (S).....North Vernon
Stemm, William H. (S).....121 E. Walnut St.
Thayer, Benet W.....25 S. Jackson St.

JOHNSON COUNTY

Gammell, Lindley L.....Edinburg
Lutes, David L.....Edinburg
Michaels, Joseph F. (S).....Edinburg

Franklin

Chappel, Alfred T.....100 N. Main St.
Deppe, Charles F.....301 E. Jefferson St.
Ferrara, Joseph F.....25 E. Madison St.
Foster, Robert.....301 E. Jefferson St.
Hibbs, William G.....R. R. 1, Box 138
Jones, Charles A.....251 E. Jefferson St.
Murphy, Harry E.....150 N. Main St.
Portteus, Walter L.....34 N. Water St.
Province, Oran A.....100 N. Main St.
Province, William D.....100 N. Main St.
Records, Arthur W.....198 E. Jefferson St.
Stogsdill, Willis W.....176 E. Jefferson St.

Greenwood

Barnes, Helen Beall.....201½ W. Pearl St.
Brown, George E.....400 S. Madison Ave.
Eaton, Lyman D.....R. R. 1
Onyett, Harold R.....Smith Valley Rd.
Sheek, Kenneth I.....188 Madison Ave.
Tiley, George A.....41 N. Madison Ave.
Woodcock, Charles E.....224 S. Madison Ave.

Machledt, John H.....Whiteland

KNOX COUNTY

Bicknell

Byrne, Robert J.....517 N. Main St.
Meade, Walter W.....403 N. Main St.
Wilson, Guy H.....120 W. Third St.

Hodges, William A.....Oaktown
Springstun, George H.....Oaktown

Vincennes

Anderson, John B.....301 LaPlante Bldg.
Anderson, Richard M.....301 LaPlante Bldg.
Arbogast, Paul B.....915 Main St.
Barrett, Thomas L.....1019 Dubois St.
Beckes, Ellsworth W.....220 N. Fifth St.
Chattin, Herbert O.....729 Main St.
Coffel, Melvin H.....424 LaPlante Bldg.
Corsentino, Bart.....Good Samaritan Hospital
Cullison, Charles W.....410 S. Seventh St.
Curtner, Myron L.....222 N. Sixth St.
Edwards, Edward T., Jr..1045 Washington Ave.
Ewing, Nathaniel D.....14 N. Third St.
Fox, Maurice S.....616 Shelby St.
Green, Carl L.....1004 Main St.
Hendrix, Charles E.....603 Busseron
Hoffman, Doris.....720 Perry St.
Humphreys, Joe E.....1516 N. Second St.
McCormick, Hubert D.....325 LaPlante Bldg.
McDowell, Mordecai M.....611 Dubois St.
McMahan, Virgil C.....609 Dubois St.
Moore, Robert G.....21 N. Third St.
Reilly, James F.....401 Buntin St.
Richards, David H. (S).....904 Busseron
Schulze, William.....810 Buntin St.

Shaffer, Kenneth L.....404 LaPlante Bldg.
Smith, Ralph O.....603 Busseron
Smith, S. Joseph.....301 LaPlante Bldg.
Spencer, Frederic.....429 S. Sixth St.
Stewart, J. Frank W.....Hillcrest Hospital
Sullenger, Adron A.....605 Busseron
Vaughn, Walter R.....615 Dubois St.
von der Lieth, William C.....14 N. Third St.
Welch, Norbert M.....615 Dubois St.

KOSCIUSKO COUNTY

Thomas, Charles E. (S).....Leesburg
Urschel, Dan L.....Mentone
Wilson, Wymond B.....Mentone
Rheinheimer, Floyd L.....Milford
Stalter, Gaylord W.....North Webster
Schuldt, Theodore S.....Pierceton
Clark, Fred.....Syracuse
Craig, Robert A.....Syracuse
Fosbrink, Ephraim L.....Syracuse

Warsaw

Baum, John R.....212 S. Indiana
DuBois, Charles C. (S).....800 E. Center St.
Haymond, George M.....402 S. Buffalo
Hillery, John L.....212 S. Indiana
Johnson, John J.....Court House
Murphy, Harold O.....212 S. Indiana
Richer, Orville H.....212 E. Market St.
Roesch, Ryland.....High St.
Schlemmer, George H.....Murphy Medical Center
Thomas, Everett W.....212 S. Indiana

LAGRANGE COUNTY

Wade, Alfred A.....Howe
Yunker, Philip E.....Howe

LaGrange

Benedict, Charles D.....203 W. Wayne St.
Flannigan, Harley F.....213 W. Lafayette
Studebaker, Lloyd R.....219 S. Sherman
Weir, Dale.....220 S. Poplar

Williams, John H.....Shipshewana
Lehman, Kenneth M.....Topeka

LAKE COUNTY

Bolin, John T. (S).....Cedar Lake
King, Robert W.....Cedar Lake
Miller, Donald C.....Cedar Lake
Misch, William.....Cedar Lake
Reilly, Richard W.....Cedar Lake

Crown Point

Becker, Philip H.....Lake County Tuberculosis San.
Birdzell, John P.....124 N. Main St.
Carroll, Mary E.....124 N. Main St.
Doherty, Raymond J.....R. R. 5, Box 495
DuSold, Donald D.....306 E. Joliet
Gray, Daniel E.....182 W. North St.
Horst, William N.....500 N. Court St.
Klaus, Julius M.....224 S. Court St.
MacLeod, Donald F.

Lake County Tuberculosis San.

Seyler, Anna G.....Lake County Tuberculosis San.
Steele, Everett B.....124 N. Main St.
Troutwine, William R.....224 S. Court

Adler, Edmund R.....Dyer

East Chicago

Arnold, Marion F.....4239 Magoun Ave.
Bacevich, Andrew J.....3406 Guthrie St.
Barron, Elmer A.....3406 Guthrie St.
Beam, Vernon B.....5215 Kennedy Ave.
Beilke, Clifford A.....815 W. Chicago Ave.
Benchik, Frank A.....4712 Magoun Ave.
Benedek, Tibor.....3406 Guthrie St.
Bonaventura, Angelo P.....3701 Main St.
Boyd, Charles S.....4739 Melville Ave.

Boys, Fay F. 4712 Magoun Ave.
 Braun, Benjamin D. St. Catherine's Hospital
 Broomes, Edward L. C. 2301 Broadway
 Callahan, Richard H. 3704 Main St.
 Campagna, Ettro A. 3406 Guthrie St.
 Carleton, Edward H. Inland Steel Co.
 Claybourn, Norman L. 3210 Watling St.
 Cotter, Edward R. 723 W. Chicago Ave.
 Dainko, Alfred J. 823 W. Chicago Ave.
 Ernst, Helmuth C. 4219 Baring Ave.
 Fleischer, Jacob C. 4035 Elm St.
 Gardiner, H. Glenn. 3210 Watling
 Geronimo, Manuel M. 3502 Main St.
 Geronimo, Rita R. V. 3502 Main St.
 Govorchin, Alexander. 724 W. Chicago Ave.
 Grosso, William G. 720 W. Chicago Ave.
 Hayes, Jesse D. 4742 Melville
 Irish, Wilbur J. 806 W. Chicago Ave.
 Johns, David R. 724 W. Chicago Ave.
 Kamen, Jack M. 3406 Guthrie St.
 Komoroske, John E. 723 E. Chicago Ave.
 Levin, Eli. 3700 Main St.
 McGuire, Desmond F. 3429 Michigan Ave.
 Marks, Ora L. 815 W. Chicago Ave.
 Nicosia, John B. 3701 Main St.
 Pascale, Luke R. 3406 Guthrie St.
 Payne, Arthur C. 2020 Broadway
 Shapiro, Joseph. 3701 Main St.
 Shulruff, Harry I. 3701 Main St.
 Teegarden, Joseph A., Jr. 1919 E. Columbus Dr.
 Teegarden, Joseph A. 1919 E. Columbus Dr.
 Teplinsky, Louis L. 3701 Main St.
 Thegze, George A. 4712 Magoun Ave.
 Trepagnier, Francis B. 3616 Main St.
 Vore, Hugh A. Inland Steel Co.
 Walker, Adolph P. 3701 Main St.
 White, Gilbert H., Jr. 4035 Elm St.
 Zallen, Stanley G. 720 W. Chicago Ave.
 Zivich, John M. 3701 Main St.

Gary

Abramson, Allan L. 3807 Washington St.
 Almquist, Carl O. 504 Broadway
 Armalavage, Leon J. 2717 Wabash
 Baitinger, Herbert M. 504 Broadway
 Behn, Walter M., Jr. 504 Broadway
 Behn, Walter M. 504 Broadway
 Bell, Odessa M. Khaton. 1903 Broadway
 Bendler, Carl H. 738 Broadway
 Bills, Robert N. 504 Broadway
 Boardman, Carl (S) 630 Buchanan St.
 Borak, Walter J. 6151 W. 25th Ave.
 Borenstein, Herschel. 11 W. Seventh Ave.
 Brady, Samuel G. 765 Broadway
 Brandman, Harry 504 Broadway
 Brauer, Abraham A. 8124 Locust St.
 Brink, Calvin C. 504 Broadway
 Brincko, John 504 Broadway
 Bringas, Irineo B. 858 Broadway
 Brown, David B. 504 Broadway
 Brown, Leo R. 3855 Broadway
 Bullard, Mattie J. 475 Broadway
 Burcham, James B. 738 Broadway
 Burger, Robert A. Methodist Hospital
 Burkart, Oswald G. 505 Burr St. (Brunswick mail)
 Carberry, George A. 738 Broadway
 Carbone, Joseph A. 504 Broadway
 Carmody, Raymond F. 504 Broadway
 Chen, Hsi-Sheng Yue. Methodist Hospital
 Chevigny, Julius J. 504 Broadway
 Coles, Alfred L. 1906 Broadway
 Collins, Le Roy 1903 Broadway
 Cooper, Leo K. 504 Broadway
 Daniel, Robert A. Mercy Hospital
 Danielewski, Ladislaus J. 738 Broadway
 Darling, Dorothy. 1600 W. Sixth Ave.
 Davis, Neal 1600 W. Sixth Ave.
 Dian, August J. 729 Broadway

Dian, Julia G. 584 Garfield
 Dierolf, Edward J. 504 Broadway
 Donchess, Joseph C. 215 Broadway
 Duncan, John S. 2165 W. 11th St.
 Elliott, Ralph A. 504 Broadway
 English, Hubert M. 673 Broadway
 Espy, Theodore R. 1901 Broadway
 Franklin, Philip L. 936 W. 5th Ave.
 Gannon, George W. (S) 602 Broadway
 Glover, William J. 1711 W. 5th Ave.
 Goldberg, Harold B. 738 Broadway
 Goldstone, Adolph. 757 Broadway
 Goldstone, Joseph. 757 Broadway
 Goldstone, Sidney R. 757 Broadway
 Grant, Benjamin F. 1706 Broadway
 Gregoline, Amadeo F. 729 Broadway
 Hall, James L. 1706 Broadway
 Harper, James W. 2301 Broadway
 Hedrick, James T. 1903 Broadway
 Hodurski, Zigfield. 4319 Broadway
 Ibarra, Jesus 860 Broadway
 Jahns, Albin A. 504 Broadway
 Jannasch, Maurice C. 2717 Wabash Ave.
 Johnson, Lonnie B. 123 W. 21st St.
 Jordan, Stanley Y. 3807 Washington St.
 Kendrick, Frank J. 504 Broadway
 Kilmer, Warren L. 3538 Central, East Gary
 Kobrin, Meyer W. 729 Broadway
 Kolettis, George J. 708 Broadway
 Kolettis, John G. 708 Broadway
 Korch, Joseph E. 504 Broadway
 Korn, Jerome M. 738 Broadway
 Lebioda, Henry S. 3776 Broadway
 Lewis, George N. 504 Broadway
 Loh, Wei-Ping 1600 W. Sixth Ave.
 Lorenty, Thaddeus B. 504 Broadway
 Lovell, Martin H. 1606 Broadway
 Lutz, Georgianna. 504 Broadway
 McGue, Frank J. 427 S. Lake
 McMath, Samuel B. 1903 Broadway
 Majsterek, Stanley L. 1902 W. 11th Ave.
 Marcus, Morris C. 738 Broadway
 Marshall, Millard R. 504 Broadway
 Mather, J. Winford. 3543 Central, East Gary
 May, Richard M. 583 Broadway
 Milos, Robert J. 504 Broadway
 Minczewski, Richard C. 517 Marshall St.
 Molengraft, Cornelius J. 504 Broadway
 Monroe, F. Bruce 4537 Harrison St.
 Moore, E. Gregory. 2367 Madison
 Moore, Edwin G. 1606 Broadway
 Morris, Hyman 504 Broadway
 Moswin, Jack A. 504 Broadway
 Nelson, Walfred A. 559 S. Lake St.
 Nilges, Richard G. 2717 Wabash Ave.
 Ornelas, Joseph P. 673 Broadway
 Palmer, Russel H. 2006 W. 4th Place
 Parratt, Louis W. 708 Broadway
 Poracky, Bernard F. 504 Broadway
 Pruitt, J. Edward. 4119 Broadway
 Reynolds, James S. 504 Broadway
 Richter, Samuel. 504 Broadway
 Robinson, Walter K. 504 Broadway
 Rosenbloom, Philip J. 504 Broadway
 Rubin, Simon S. 504 Broadway
 Ryan, Hubert J. 504 Broadway
 Sala, Joseph J. 504 Broadway
 Sala, Walter R. 504 Broadway
 Scully, John T. 504 Broadway
 Senese, Thomas J. 504 Broadway
 Shellhouse, Michael. 3811 Washington St.
 Shevick, Alexander. 504 Broadway
 Slama, George F. 4481 Broadway
 Slama, John T. 4481 Broadway
 Spears, John M. 1110 Harrison St.
 Spellman, Frank W. 401 S. Lake
 Spivack, Mary 504 Broadway
 Sponder, Joseph. 1518 Broadway
 Stimson, Harry R. 504 Broadway

Stoycoff, Christ M. 844 Broadway
 Thomas, Daniel D. 738 Broadway
 Thomas, Gerald J. 504 Broadway
 Townsend, William A. 1429 Virginia St.
 Trinosky, Donald L. 504 Broadway
 Trinosky, Frank G. 504 Broadway
 Turgi, Robert W. 504 Broadway
 Verplank, Grover L. 527 Broadway
 Vye, James P. 607 Broadway
 Walters, Eleanor E. 9 W. 6th Ave.
 Washington, G. Kenneth. 1606 Broadway
 Weiskopf, Henry S. 504 Broadway
 Wharton, Russell O. 6559 Ash Place
 Williams, Alexander S. 436 W. 25th St.
 Williams, Edwin D. 436 W. 25th St.
 Wimmer, Robert N. 9 W. Sixth St.
 Yarrington, Charles W. (S) 522 Broadway
 Yast, Charles J. 504 Broadway
 Yocum, Paul S., Jr. 738 Broadway
 Yocum, Paul S. 758 Broadway
 Yocum, William S. 583 Broadway
 Young, George M. 3776 Broadway
 Young, Robert L. 504 Broadway

Griffith

Hazinski, Robert T. 401 N. Broad
 Lundeberg, Ralph A. 109 N. Broad
 Purcell, Richard J. 145 N. Griffith
 Siekierski, Joseph M. 145 N. Griffith

Hammond

Allegretti, Michael L. 837 169th St.
 Arbeiter, Herbert I. 5231 Hohman Ave.
 Arrowsmith, James L. 5231 Hohman Ave.
 Beconovich, Robert 837 169th St.
 Bernardi, Hugh 6827 Kennedy Ave.
 Bethea, Dennis A. 1021 Fields St.
 Black, Charles E. 6338 Garfield
 Bombar, Leslie E. 6010 Columbia
 Carlo, Joseph F. 5305 Hohman Ave.
 Chael, Thomas C. 5246 Hohman Ave.
 Chidlaw, Benjamin W. (S) 5141 Hohman Ave.
 Clancy, James F. 6219 Hohman Ave.
 Cook, George M. 5231 Hohman Ave.
 Corrao, Gaetano 6618 Kennedy Ave.
 Costello, Albert J. 30 Douglas St.
 Davis, Alice Hall 264 Highland St.
 Eggers, Ernest L. 5141 Hohman Ave.
 Eggers, Henry W. 30 Douglas St.
 Elledge, Ray 30 Douglas St.
 Faulkner, Donald J. 30 Douglas St.
 Fischer, Burnell 49 Ind-III
 Fox, Jack 30 Douglas St.
 Friedman, Isadore E. 5246 Hohman Ave.
 Gevirtz, Milton B. 5246 Hohman Ave.
 Hansen, Arthur H. 5252 Hohman Ave.
 Hickman, A. Lee 30 Douglas St.
 Hofmann, Andrew (S) 445 State St.
 Hopkins, Joseph R. 5231 Hohman Ave.
 Howard, William Harry 5231 Hohman Ave.
 Husted, Robert G. 5248 Hohman Ave.
 Jones, Eli S. 30 Douglas St.
 Kelley, Paul S. 820 Highland
 Kenney, Francis D. 30 Douglas St.
 Kolanko, Leon A. 30 Douglas St.
 Koransky, David S. 5231 Hohman Ave.
 Kretsch, Russell W. 5231 Hohman Ave.
 Kuhn, Hedwig S. 112 Rimbach St.
 Kuhn, Hugh A. 112 Rimbach St.
 LaFollette, Forrest R. 7016 Indianapolis Blvd.
 Larrabee, James F. St. Margaret's Hospital
 Lautz, Herbert A. 112 Rimbach St.
 Lipsey, Alfred J. 5252 Hohman Ave.
 Long, Keith 30 Douglas St.
 McLean, James S. 229 Dyer
 McVey, Clarence A. 5231 Hohman Ave.
 Marcus, Emanuel 5252 Hohman Ave.
 Marks, Salvo P. 30 Douglas St.
 Mason, Richard L. 132 Rimbach St.
 Matthews, Charles B. (S) 6416 Forrest Ave.

Mintz, Alfred M. 5217 Hohman Ave.
 Modjeski, Joseph R. 5451½ Hohman Ave.
 Modjeski, Raymond J. 5231 Hohman Ave.
 Morec, George J. 7016 Indianapolis Blvd.
 Morrison, Lindsey (S) 109 Rimbach St.
 Musacchio, Frederick A. 334 City Hall
 Neal, Leonard W. 6223 Hohman Ave.
 Nodinger, Louis 540 165th St.
 Panares, Solomon V. 5434 Hohman Ave.
 Peck, Edward A. 422 Conkey St.
 Peiffer, Geraldine M. 421 Hoffman
 Pilot, Jean 5231 Hohman Ave.
 Premuda, Franklin F. 6727 Kennedy Ave.
 Ramker, Daniel T. 7040 Kennedy Ave.
 Rasch, George C., Jr. 5231 Hohman Ave.
 Rawlins, Carolyn M. 422 Conkey St.
 Remich, Antone C. 30 Douglas St.
 Rendel, Donald T. 5231 Hohman Ave.
 Rhind, Alexander W. 5145 Hohman Ave.
 Rosenthal, Carl 5252 Hohman Ave.
 Rosevear, Henry J. 30 Douglas St.
 Row, Perrie Q. 7217 Indianapolis Blvd.
 Rudolph, Franklin G. 5231 Hohman Ave.
 Santare, Vincent J. 5231 Hohman Ave.
 Schlesinger, Daniel J. 6010 Columbia Ave.
 Schulfer, Richard J. 7134 Calumet Ave.
 Skrentny, Stanley 5231 Hohman Ave.
 Sroka, Alexander G. 5305 Hohman Ave.
 Stasick, Murray 5618 Calumet
 Stern, Samuel L. 5231 Hohman Ave.
 Stevens, Edwin W. 30 Douglas St.
 Tilka, Edward 7134 Calumet Ave.
 Weissman, Charles G. 5231 Hohman Ave.
 Westhaysen, Peter 6223 Hohman Ave.

Highland

Markey, Richard J. P. 2805 Highway Ave.
 Sroka, Stanley J. 2942 Highway Ave.

Hobart

Bjorklund, C. Ray 295 S. Wisconsin St.
 Bradley, Charles F. 201 Main St.
 Friedrich, Louis M. (S) 614 E. Third St.
 Gill, John R. 295 S. Wisconsin
 Klos, Stanley J. 10 N. Michigan Ave.
 Markle, Joseph G. 201 Main St.
 Parker, Harry C. 831 Garfield St.
 Pike, Warren H. 108 E. Third St.
 Reed, John 10 N. Michigan Ave.
 Weiss, John T. 295 S. Wisconsin

Lowell

Mirro, John A. E. Commercial
 Templin, David B. E. Commercial

Munster

Campbell, Guy G. 211 Ridge Rd.

Whiting

Apter, Julia T. 1902 Indianapolis Blvd.
 Best, Robert C. 1900 Indianapolis Blvd.
 Ferry, John L. 1902 Indianapolis Blvd.
 Frankowski, Clementine E. 1907 New York Ave.
 Greisen, Jack G. 1902 Indianapolis Blvd.
 Gustaitis, John W. 1900 Indianapolis Blvd.
 Kaiser, George D. 1900 Indianapolis Blvd.
 Kudele, Louis T. 1321 119th St.
 McCarthy, Jeremiah A. 1341 119th St.
 Navarre, Vincent J. 1900 Indianapolis Blvd.
 Rudser, Donald H. 1902 Indianapolis Blvd.
 Silvian, Harry A. 1400 119th St.
 Smith, Theodore J. 1902 Indianapolis Blvd.
 Stecy, Peter 1902 Indianapolis Blvd.
 Steen, Lowell H. 1900 Indianapolis Blvd.
 Troy, Jack M. 1900 Indianapolis Blvd.
 Weinberg, Benjamin A. 1348 119th St.

Bechtol, Lavon D.

Ethicon, Inc., New Brunswick, N. J.
 Dest, Paul Naval Hosp., Coronado, Calif.

Detrick, Herbert W. Box 203, Alamo, Texas
 Egnatz, Nicholas 4019 Carlisle, Baltimore Md.
 Goralka, Joseph J.
 Sutter General Hospital, Sacramento, Calif.
 Holmes, George W. 670 N. Michigan, Chicago, Ill.
 Justen, Jerome W.
 St. Francis Mem. Hosp., San Francisco, Calif.
 Kopanko, Bernard F.
 V. A. Hospital, Clarksburg, W. Va.
 Lazo, Vicente R.
 Philadelphia Mem. Hosp., Philadelphia, Pa.
 McMichael, Frank J. Box 227, Hernando, Fla.
 Murphy, Joseph F. 3508 Ridge Rd., Lansing, Ill.
 Nakadate, Katsumi J.
 V. A. Hosp., Walla Walla, Wash.
 O'Connor, James J.
 720 Los Olivos Dr., San Gabriel, Calif.
 Radigan, Leo R.
 National Heart Institute, Bethesda 14, Md.
 Rebhun, Joseph
 106 Edna St., San Francisco, Calif.
 Shafer, Sid J. 55 E. Washington St., Chicago, Ill.
 Tyrrell, Joseph J.
 6 Forrest Dale, Calumet City, Ill.
 Tyrrell, Thomas C.
 800 State Line, Calumet City, Ill.
 Wisniewski, Edward M.
 20100 Cooley, Detroit, Mich.

LA PORTE COUNTY

Oak, David, Jr. Hanna
 Oak, David D. LaCrosse

La Porte

Carter, Fred S. 912 Indiana Ave.
 Cartwright, Jack D. 806 Madison St.
 Durham, Lowell J. 1012 Harrison St.
 Elshout, Clem H. 1004 Indiana Ave.
 Fargher, Robert A. 811 Jefferson Ave.
 Farnsworth, Samuel A. 1012 Michigan Ave.
 Feinn, Harry S. 1013 Indiana Ave.
 Fischer, Carlton N. 1001 Maple Ave.
 Jones, Robert B. 808 Michigan Ave.
 Kelsey, Robert M. 702 Maple Ave.
 Kepler, Robert W. 708 Harrison St.
 Kistler, James J. 911 Maple Ave.
 Larson, Goyt O. 1110 Indiana Ave.
 Linn, Elbert E. 809 Jefferson St.
 Martin, William B. 812 Michigan Ave.
 Mead, Frank E. 801 Madison St.
 Muhleman, Charles E. 901 Indiana Ave.
 Philbrook, Seth S. 705 Harrison St.
 Predde, Adolph C. 909 Madison St.
 Richter, John C. 808 Michigan Ave.
 Scott, John S. 806 Maple Ave.
 Simon, Arthur R. 1533 Michigan Ave.
 Tabaka, Francis B. 1201 Michigan Ave.
 Von Asch, George. 912 Monroe St.
 Wilcox, Robert F. 808 Maple Ave.
 Wolf, William E. 1406 Lincoln Way

Michigan City

Armstrong, Thomas D. 120 W. Ninth St.
 Arney, Amos. 125 E. Fifth St.
 Baker, Warren. 427 Warren Bldg.
 Bankoff, Milton L. 125 E. Fifth St.
 Bergan, Joseph A. Warren Bldg.
 Bernoske, Daniel G. 731 Pine St.
 Brooks, Harry L. 100 Beverly Court
 Burris, Floyd L. 731 Spring St.
 Carlson, Norman R. 912 Wabash St.
 Cleveland, John B. 117 W. Seventh St.
 Fargher, Francis M. 907 Washington St.
 Flaherty, Walter T. 1016 Washington St.
 Frost, Robert J. 817 Pine St.
 Gardner, Melvin D. 801 Washington St.
 Gardner, Russell A. 801 Washington St.
 Gilmore, Robert W. 304 Warren Bldg.
 Gilmore, Russell A. 304 Warren Bldg.

Good, Armin E. 125 E. 5th St.
 Henderson, Norman C. 131 E. Eighth St.
 Hillenbrand, Charles. 128 W. 10th St.
 Jones, King S. 328½ Franklin St.
 Kemp, John T. 122 E. Seventh St.
 Kerrigan, John F. 916 Washington St.
 Kerrigan, Robert L. 916 Washington St.
 Kling, Victor F. 723 Franklin St.
 Kubik, Francis J. 902 Pine St.
 Marske, Robert L. 311-13 Warren Bldg.
 Meyer, Milo G. 801 Washington St.
 Milne, Walter S. 916 Washington St.
 Olson, William H. P. O. Box 41
 Paul, Leonard G. 125 E. Fifth St.
 Piazza, Leonard F. 907 Washington St.
 Pilecki, Peter J. 125 E. Fifth St.
 Plank, C. Robert. 732 E. Pine St.
 Reed, Nelle C. 3210 Tilden Ave.
 Roberts, Thomas K. 1602 Washington St.
 Rohr, Joseph H. P. O. Box 41
 Shortall, James P. 917½ Franklin St.
 Stumer, Myer. 811 Pine St.
 Taub, Robert G. 125 E. Fifth St.
 Walters, William H. Warren Bldg.
 Warren, Lewis T. 125 E. Fifth St.
 Weeks, Patrick H. 119 E. Sixth St.
 Zalac, Donald A. 723 Pine St.
 Zullo, Robert S. Warren Bldg.

Weinstock, Adolph. Rolling Prairie
 Moosey, Louis. Union Mills
 Benz, Owen. Wanatah

Westville

Dieter, William J. Beatty Memorial Hospital
 Hetman, Mitchell J. Westville
 Hoyt, John M. Beatty Memorial Hospital
 Johnston, Donald D. Beatty Memorial Hospital
 Oster, Jack H. Beatty Memorial Hospital
 Sennett, Cecil M. Beatty Memorial Hospital
 Syler, Robert W. Beatty Memorial Hospital
 Van Den Bosch, Wallace R.
 Beatty Memorial Hospital

Grott, Bruce F. 165 N. Canal St., Chicago, Ill.
 Potter, Brian. Armed Forces Institute
 of Pathology, Washington (25), D. C.

LAWRENCE COUNTY

Bedford

Allen, L. Howard. 1622 24th St.
 Austin, Richard P. 209 Citizens Nat'l Bank Bldg.
 Benham, Lawrence E. 310 Stone City Bank Bldg.
 Bridwell, Edgar. 1317 L St.
 Duncan, Raymond. 1317 L St.
 Dusard, Joseph C. 304 Citizens Nat'l Bank Bldg.
 Edmonds, Kendrick. 1303 15th St.
 Emery, Charles B. 1027 15th St.
 Fountaine, Thomas J. 1501 J St.
 Hammel, Howard T. 1501½ J St.
 Hawkins, Richard D. 1021 15th St.
 Kasting, Gerald. 206 Citizens Nat'l Bank Bldg.
 Kerr, Donald M. 1317 L St.
 Meyer, Orlando L. 1210 15th St.
 Newland, Arthur E. Masonic Temple
 Noe, William R. 1317 L St.
 Scherschel, John P. 1711 H St.
 Smallwood, Robert B.
 206 Citizens Nat'l Bank Bldg.
 Wohlfeld, Julius B. 1222 15th St.
 Woolery, Richard H. 1501 J St.
 Wynne, Roland E. 301 Citizens Nat'l Bank Bldg.

Hamilton, James R. Mitchell
 Oswalt, James T. Mitchell
 Robinson, William H. Mitchell
 Dollens, Claude. Oolitic

MADISON COUNTY

Alexandria

Carpenter, John L. 313 N. Harrison St.
 Gaunt, Everett W. 214 E. John St.
 Keller, Frank G. (S) 419 N. Harrison St.
 Leroy, Alvin G. 310 N. Harrison St.
 McClelland, Harry N. 118 E. Church St.
 Overpeck, George H. 313 N. Harrison St.
 Shafer, Richard H. 111 S. Harrison St.
 Stinson, William M. R. R. 2

Anderson

Aagesen, Walter J. 702 Citizens Bank Bldg.
 Armington, Charles L. 655 Anderson Bank Bldg.
 Armington, John C. (S) 1504 Broadway
 Armington, Robert L. 1504 Broadway
 Ashcraft, John R. 1424 E. 8th St
 Austin, Charles E. 2108 Nichol
 Austin, Maynard A. (S) 238 W. 12th St.
 Ayres, Kenneth D. 2210 Meridian St.
 Baughn, William L. Guide Lamp
 Beeler, Franklin K. 1010 Jackson St.
 Benoit, Merrill P. Delco Remy
 Bixler, Donald P. 1010 Jackson St.
 Blassaras, Chris. 2005 Broadway
 Bowers, Charles R. 207 Anderson Loan Bldg.
 Brauchla, Carl H. 117 W. 17th St.
 Bridges, Alvin. 1524 Madison Ave.
 Brock, Earl E. 931 Meridian St.
 Brown, James M. 12 W. 29th St.
 Buckles, David L. St. John's Hospital
 Dixon, Rex W. 934 W. 8th St.
 Doenges, James L. 631 Citizens Bank Bldg.
 Donaldson, Frank C. 300 Anderson Loan Bldg.
 Drake, John C. 604 Anderson Bank Bldg.
 Dulin, Basil B. St. John's Hospital
 Ellis, Seth W. 717 Anderson Bank Bldg.
 Elsten, Aubrey W. 704 Anderson Bank Bldg.
 Erhart, Archie D. 714 Anderson Bank Bldg.
 Fischer, Warren E. 119 W. 19th St.
 Gante, Henry W. 2005 Nichol Ave.
 Hart, William D. 515 Citizens Bank Bldg.
 Hensler, Benton M. 1709 Nichol Ave.
 Irwin, Seth. 2209 Cedar St.
 Jarrett, Paul E. 315 Citizens Bank Bldg.
 Jones, Albert T. 530 Citizens Bank Bldg.
 Jones, Horace E. 1110 Meridian St.
 Kelly, Wendell C. 704 E. Eighth St.
 Kiely, John T. 655 Citizens Bank Bldg.
 King, Joseph W. 1110 N. Meridian St.
 Kopp, Otis A. 333 Jackson St.
 Lamey, James L. 447 Citizens Bank Bldg.
 Lamey, Paul T. 423 Citizens Bank Bldg.
 Larmore, Joseph L. 612 Anderson Bank Bldg.
 Larmore, Sarah H. 1301 Winding Way
 Litzenberger, Sam W. 622 Citizens Bank Bldg.
 Long, Paul L. 710 Anderson Bank Bldg.
 McDonald, Vergil G. 1110 Meridian St.
 Maxson, Roy V. 713 Anderson Bank Bldg.
 Meister, Doris (S) 403 Citizens Bank Bldg.
 Morris, Robert A. 320 Citizens Bank Bldg.
 Neale, Alfred E. 234 Citizens Bank Bldg.
 Nelson, Paul L. 330 W. Seventh St.
 Nesbit, Leonard L. 415 Citizens Bank Bldg.
 Patterson, William K. 713 Anderson Bank Bldg.
 Polhemus, Warren C. 1803 Pearl St.
 Quickel, Daniel S. (S) 709 Anderson Bank Bldg.
 Reed, Roger R. 412 Anderson Bank Bldg.
 Rosenbaum, Lloyd E. 647 Citizens Bank Bldg.
 Ross, Guy E. 661 Citizens Bank Bldg.
 Rozelle, Clarence V. 611 Citizens Bank Bldg.
 Sharp, William L. 449 Citizens Bank Bldg.
 Stamper, Joseph H. 412 Anderson Bank Bldg.
 Stamper, Robert J. 412 Anderson Bank Bldg.
 Swan, Richard C. Delco Remy
 Webb, Harry D. 321 Citizens Bank Bldg.
 Wilder, Gordon B. 338 W. Eighth St.
 Wilkinson, Roger L. 1 E. 37th St.
 Williams, Francis M. 1132 Central Ave.

Williams, Robert H. 1132 Central Ave.
 Willson, Canby L. 315 Anderson Bank Bldg.
 Wright, Cecil S. 523 Citizens Bank Bldg.
 York, Arthur F. 602 Citizens Bank Bldg.
 Zierer, Reuben O. 1211 Van Buskirk Rd.

Elwood

Buechler, William F. 1817 S. A St.
 Drake, Marion C. 1201 Main St.
 Fitzpatrick, Harry W. 1309 S. Anderson St.
 Hanson, Martin F. 1102 S. Anderson St.
 Hoppenrath, Wesley M. 1300 Main St.
 Hoppenrath, William H. (S) 1300 Main St.
 Lanning, R. Adrian. 1428 Main St.
 Laudeman, Walter A. 1515 N. A St.
 Oldag, George E. 1301½ Main St.
 Ploughe, Ralph R. 517 S. Anderson St.
 Scea, Wallace A. 1300 Main St.
 Ulrey, Robert P. 1201 Main St.

Bishop, Harry A. Frankton
 Ridgway, Alton H. Lapel
 Rinne, John I. Lapel
 Williams, Robert D. Markleville
 Dickey, William M. Pendleton
 Leahy, Howard J. Pendleton
 McLaughlin, Calvin P. Pendleton
 Van Ness, William C. Summitville

MARION COUNTY

Beech Grove

Berger, Morley. 902 Main St.
 Gard, Daniel A. 1511 Southern Ave.
 Kim, Young D. 136 N. 17th St.
 Ramage, Walter F. 244 S. First St.
 Rhea, James C. 801 Main St.

Hade, Frederick, L. Bridgeport
 Zerfas, Leon G. R. R. 1, Camby
 Garrison, James L. Cumberland

Indianapolis

A

Abreu, Benedict E.
 Pitman-Moore Co., 1200 Madison Ave. (6)
 Adams, Daniel S. (S) . 520 Hume Mansur Bldg. (4)
 Adkins, Harold C. 409 E. 30th St. (5)
 Adkins, Onan C. 3635 Watson Rd. (5)
 Albertson, Frank P. 3544 W. 16th St. (22)
 Aldrich, Harry D. 501 Hume Mansur Bldg. (4)
 Aldrich, Howard. 4316 E. Washington St. (1)
 Alexander, Ezra D. 617 Indiana Ave. (2)
 Alger, George D. 812 C. of C. Bldg. (4)
 Allen, Robert K. 3202 N. Meridian St. (8)
 Alvis, Edmond O. 320 Hume Mansur Bldg. (4)
 Anderson, James W. 309 Walker Bldg. (2)
 Anderson, John T. 2033 N. Harding St. (2)
 Anderson, Wendell C.

Indiana State Board of Health,
 1330 W. Michigan St. (7)

Appel, Richard H. 320 Hume Mansur Bldg. (4)
 Arbogast, John L. I. U. Medical Center (7)
 Arbuckle, William E. 1156 Lee St. (21)
 Arford, John E. 3392 Meadows Court (5)
 Armstrong, Byron H. General Hosp. (7)
 Arnold, Aaron L. 607 E. Maple Rd. (5)
 Arnold, Robert D. 3419 E. 10th St. (1)
 Aronson, Sidney S. 618 Hume Mansur Bldg. (4)
 Avery, George O. 17 S. Traub (22)

B

Bachmann, Arnold J. 3440 N. Meridian St. (8)
 Bailey, Orville T.
 Larue D. Carter Hospital, 1315 W. 10th St. (7)
 Bakemeier, Otto H. 5503 E. Washington St. (19)
 Balch, James F. 709 Hume Mansur Bldg. (4)
 Ball, Joseph E. 4312 E. 10th St. (1)
 Banister, Revel F. 2958 Central Ave. (5)

Banks, Horace M. Methodist Hospital (7)
 Barry, Maurice J. 501 Doctors' Bldg. (4)
 Bartle, James L. 7450 Pendleton Pike (26)
 Bartlett, Donald T. General Hospital (7)
 Bartley, Max D. 803 Hume Mansur Bldg. (4)
 Batman, Gordon W. 723 Hume Mansur Bldg. (4)
 Battersby, J. Stanley I. U. Medical Center (7)
 Batties, Paul A. 617 Indiana Ave. (2)
 Bauer, Thomas B. 408 Hume Mansur Bldg. (4)
 Baum, Harry
 V.A. Regional Office, 36 S. Pennsylvania St. (4)
 Baumeister, Herbert E. . . . I. U. Medical Center (7)
 Beach, Robert R. 2630 E. 10th St. (1)
 Beamer, Parker R. I. U. Medical Center (7)
 Bean, Joseph S. I. U. Medical Center (7)
 Beasley, Thomas J. (S) 112 Berkley Rd. (8)
 Beaver, Howard W. 11 E. Raymond St. (25)
 Beck, Evart M. 915 E. Maple Rd. (5)
 Becker, Harry G. 6060 College Ave. (20)
 Beeler, John W. 712 Hume Mansur Bldg. (4)
 Beeler, Raymond C. 712 Hume Mansur Bldg. (4)
 Behnke, Roy H. I. U. Medical Center (7)
 Belt, James H. 6202 College Ave. (20)
 Benken, Lawrence D. I. U. Medical Center (7)
 Berman, Edward J. 920 Hume Mansur Bldg. (4)
 Berman, Jacob K. 920 Hume Mansur Bldg. (4)
 Beverland, Malon E. 3036 E. Washington St. (1)
 Bibler, Lester D. 811 Underwriters Bldg. (4)
 Bird, Charles R. (S) 301 Hume Mansur Bldg. (4)
 Blackford, Florence 5909 E. 10th St. (19)
 Blackford, Ralph E. 5909 E. 10th St. (19)
 Blake, Albert L. V. A. Hosp., 1481 W. 10th St. (7)
 Blatt, A. Ebner 3209 N. Meridian St. (8)
 Bleckley, James E. General Hosp. (7)
 Bloemker, Edward F. 2729 Shelby St. (3)
 Boaz, John J. (S) 302 K. of P. Bldg. (4)
 Boggs, Eugene F. 2901 N. Meridian St. (8)
 Boling, Grover C., Jr. 1440 E. 46th St. (5)
 Bond, George S. 1221 N. Delaware St. (2)
 Bond, Virginia 3236 W. 34th St. (22)
 Bond, William H. I. U. Medical Center (7)
 Bonsett, Charles A. Central State Hosp. (22)
 Booher, Norman R. 447 E. Maple Rd. (5)
 Booher, Olga Bonke 447 E. Maple Rd. (5)
 Booth, Boynton H. 910 Hume Mansur Bldg. (4)
 Bowers, Don D. 711 Underwriters Bldg. (4)
 Bowman, George W. General Hospital (7)
 Boyer, Edward B. 725 Hume Mansur Bldg. (4)
 Boyer, Floyd A. 442 N. Drexel Ave. (1)
 Boyer, Philip A.

Pitman-Moore Co., 1200 Madison Ave. (6)

Bradley, Louis F. General Hosp. (7)
 Brady, Thomas A. 818 Hume Mansur Bldg. (4)
 Brayton, John R. 704 Underwriters Bldg. (4)
 Brayton, Lee 3342 N. Illinois St. (8)
 Briggs, Robert W. 406½ N. Senate Ave. (4)
 Brodie, Donald W. 817 C. of C. Bldg. (4)
 Brown, Archie E. 1220 S. Belmont Ave. (21)
 Brown, David E. 520 Hume Mansur Bldg. (4)
 Brown, DeWitt W. 1633 N. Capitol Ave. (2)
 Brown, Edward A. (S) 5420 Central Ave. (20)
 Brown, Frances T. 2126 N. Talbot Ave. (2)
 Brown, Frank M. 17½ W. 22nd St. (2)
 Brown, Gordon T. 1949 E. 11th St. (1)
 Brown, Wendell E. 3426 N. Meridian St. (8)
 Browning, James S. 3209 N. Meridian St. (8)
 Browning, William M. 3740 Central Ave. (5)
 Brownley, Emma J. 5101 W. 13th St. (24)
 Bruce, Reginald A. 848 Indiana Ave. (2)
 Bunde, Carl A.

Pitman-Moore Co., 1200 Madison Ave. (6)

Burdette, Harold F. 5733 Broadway (20)
 Burghard, Rolla D. 3760 N. Sherman Dr. (18)
 Butler, John O. 234 E. Southern Ave. (25)
 Butler, Robert M. 3426 N. Meridian St. (8)
 Buttz, Rose J. P. (S) 112 E. 13th St. (2)

C

Cagle, Bob R. 343 N. Beville (1)
 Cahn, Hugh M. 418 E. 30th St. (5)
 Caldwell, Marilyn R. Riley Hospital (7)
 Call, Herbert F. 321 Hume Mansur Bldg. (4)
 Campbell, John A. I. U. Medical Center (7)
 Canaday, James W. (S) 1229 Prospect St. (3)
 Canganelli, Vincent G. 1800 E. 10th St. (1)
 Caplin, Irvin 3120 N. Meridian St. (8)
 Caplin, Samuel S. 111 E. 30th St. (5)
 Carson, Wayne 1011 Hume Mansur Bldg. (4)
 Carter, Oren E. 668 E. Maple Rd. (5)
 Chandler, Earl L. Eli Lilly Co., Box 618 (6)
 Charles, Henry L. General Hosp. (7)
 Chattin, William R. 1502 N. Emerson Ave. (19)
 Chen, Ko Kuei
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Chernish, Stanley M. General Hospital (7)
 Chevalier, Robert A. Methodist Hosp. (7)
 Chivington, Paul V. 3120 N. Meridian St. (8)
 Christian, William A.
 V. A. Hospital, 1481 W. 10th St. (7)
 Chroniak, Walter 5703 E. Washington St. (19)
 Clark, Cecil P. 922 Hume Mansur Bldg. (4)
 Clark, Lawson J. 3736 N. Delaware St. (5)
 Clevinger, William G. 1610 Auburn St. (24)
 Close, W. Donald 809 Hume Mansur Bldg. (4)
 Cobb, Clarence M.

V. A. Hosp., 1481 W. Tenth St. (7)

Coble, Ralph R. (S) 3311 N. Meridian St. (8)
 Coggeshall, Warren E.

1015 Hume Mansur Bldg. (4)

Cohn, Alvin F. 1130 Southview Dr. (27)
 Collins, Hubert L. 985 N. Arlington Ave. (19)
 Collins, James N. 712 Hume Mansur Bldg. (4)
 Conley, Joseph L. 2443 E. Washington St. (1)
 Conway, Chester C. 4402 E. New York St. (1)
 Conway, Glenn 1620 S. East St. (25)
 Copeland, Samuel J. (S)

427 Bankers Trust Bldg. (4)

Cornacchione, Matthew 814 S. East St. (25)
 Cortese, James V. 435 S. East St. (25)
 Cortese, Thomas A. 435 S. East St. (25)
 Countryman, Frank W. 3233 N. Meridian St. (8)
 Cox, Clifford E. R. R. 14, Box 811 (20)
 Craft, Kenneth L. 1002 Hume Mansur Bldg. (4)
 Crawford, John A. 301 Hume Mansur Bldg. (4)
 Culbertson, Clyde G.

Eli Lilly & Co., 740 S. Alabama St. (6)

Cullen, Paul K. 422 Hume Mansur Bldg. (4)
 Culloden, William G. 710 E. 46th St. (5)
 Culmer, Walter N. (S)

3541 N. Meridian St., #204 (8)

Cure, Charles W. 208 Hume Mansur Bldg. (4)
 Currie, Robert W. 512 E. 57th St. (20)
 Curry, R. Louis 3375 Forest Manor (18)
 Cuthbert, Marvin P. 607 Hume Mansur Bldg. (4)
 Czenkusch, Helen G. 5101 W. 13th St. (24)

D

Daley, Edward H. Community Hospital
 Dallas, Fred R. General Hosp. (7)
 Dalton, John E. 708 Hume Mansur Bldg. (4)
 Dalton, William W. 422 Hume Mansur Bldg. (4)
 Daly, Joseph M. 234 E. Southern Ave. (25)
 Daniel, John C. 1008 Hume Mansur Bldg. (4)
 Davidson, N. Cort. 3233 N. Meridian St. (8)
 Davis, John A. 2719 E. Michigan St. (1)
 Davis, Sam J. 908 Hume Mansur Bldg. (4)
 Deal, Eleanor H. 4909 W. 15th St. Speedway (24)
 Dearmin, Robert M. 3233 N. Meridian St. (8)
 DeArmond, Murray 723 Hume Mansur Bldg. (4)
 Deever, John W. 4131 Shelby St. (3)
 DeMotte, C. Bowen 808 C. of C. Bldg. (4)
 Dennison, Alfred D., Jr.
 1005 Hume Mansur Bldg. (4)

Denny, Forrest L. 3351 W. 10th St. (22)
 Denny, James W. 5504 E. Washington St. (19)
 Des Jean, Paul A. 4301 E. 38th St. (18)

DeWees, Dwight L. 302 N. Bradley Ave. (1)
 Dill, Charles W. 3655 S. Sherman Dr. (3)
 Dill, Myron K. 3120 N. Meridian St. (8)
 Dilts, Robert L. 2521 E. 38th St. (18)
 Dintaman, Paul G. 432 Bankers Trust Bldg. (4)
 Donato, Albert M. 1429 Shelby St. (3)
 Doran, J. Hal. 720 Hume Mansur Bldg. (4)
 Dorman, Willis L. 6430 E. Washington St. (19)
 Doughty, Samuel R., Jr. I. U. Medical Center (7)
 Dowd, Joseph A. 6177 College Ave. (20)
 Dryden, Gale E. General Hosp. (7)
 Dugan, William M. 410 Hume Mansur Bldg. (4)
 Dunbar, Colin V. 424 Hume Mansur Bldg. (4)
 Dunning, Lehman M. 2103 Central Ave. (2)
 Dupes, Lowell E. 222 W. 73rd St. (20)
 Dyar, Edwin W. 3202 N. Meridian St. (8)
 Dyke, Richard W. General Hospital (7)
 Dyken, Mark L. General Hosp. (7)

E

Eades, R. Charles 1461 N. Emerson (18)
 Earp, Evanson B. 717 Hume Mansur Bldg. (4)
 Eastman, Joseph R., Jr.
 514 Merchants National Bank Bldg. (4)
 Eaton, Edwin R. 1221 N. Delaware St. (2)
 Ebert, J. Wayne 1125 Southview Dr. (27)
 Eberwein, John H. 2322 Wheeler Ave. (18)
 Egbert, Herbert L. 504 Hume Mansur Bldg. (4)
 Eicher, Palmer O. 3209 N. Meridian St. (8)
 Eikenberry, Hugh W. 616 Bankers Trust Bldg. (4)
 Eldridge, Gail E. 1440 E. 46th St. (5)
 Elkins, James P. 234 E. Southern Ave. (25)
 Ellis, William N. 1402 N. Olney St. (1)
 Emhardt, John T. 1621 S. East St. (25)
 Emhardt, John W. A. 512 E. Minnesota St. (25)
 Ensminger, Leonard A. (S)
 1321 N. Meridian St. (2)
 Evans, Frederick H. General Hosp. (7)
 Evans, Paul V. General Hospital (7)
 Everly, Ralph V. 668 E. Maple Rd. (5)

F

Failey, Robert B., Jr. 57 E. 57th St. (20)
 Farrell, Joseph T. 2807 E. Michigan St. (1)
 Fausset, C. Basil. 2901 N. Meridian St. (8)
 Ferry, Francis A. 1429 Shelby St. (3)
 Fields, Don C. General Hosp. (7)
 Fine, Nathaniel J. 310 Union Station (25)
 Finneran, Joseph C.
 V. A. Hospital, 1481 W. 10th St. (7)
 Fisch, Charles 3120 N. Meridian St. (8)
 Fischer, Albert A. 1745 Howard St. (21)
 Fisher, Frank C. General Hosp. (7)
 Fitzgerald, William J.
 313 Fountain Square Theatre Bldg. (3)
 Flanagan, Paul M. 3311 N. Meridian St. (8)
 Flanders, Robert J. 3202 N. Meridian St. (8)
 Flanigan, Meredith B. 2920 W. 33rd St. (22)
 Fleischl, Herbert. Central State Hospital (22)
 Flick, John J. 1443 N. Pennsylvania St. (2)
 Flora, Joseph O. 4317 W. Washington St. (21)
 Folkening, Norval C. 234 E. Southern Ave. (25)
 Foreman, Harry L. 60 W. 30th St. (8)
 Forry, Frank. I. U. Medical Center (7)
 Foster, Lee N. St. Vincent's Hospital (7)
 Fouts, Dallas B. I. U. Medical Center (7)
 Fouts, Paul J. 522 Hume Mansur Bldg. (4)
 Franklin, William L. 508 Hume Mansur Bldg. (4)
 Freeman, Leslie W. I. U. Medical Center (7)
 Freeman, Max E. 1745 Howard St. (21)
 Fromhold, Willis A. 611 Bankers Trust Bldg. (4)
 Fry, Robert D. 517 Hume Mansur Bldg. (4)
 Funkhouser, Elmer. 702 Underwriters Bldg. (4)
 Furgason, Paul C. 1008 Hume Mansur Bldg. (4)

G

Gabe, William E. 612 Hume Mansur Bldg. (4)
 Gachaw, Gabra S. General Hosp. (7)
 Gaddy, Euclid T. 2602 W. Washington St. (22)
 Gambill, William D. 1633 N. Capitol Ave. (2)

Gammieri, Robert L. 3326 Clifton St. (23)
 Garber, J. Neill. 806 Hume Mansur Bldg. (4)
 Garceau, George J. 508 Hume Mansur Bldg. (4)
 Gardiner, Sprague H. 314 Hume Mansur Bldg. (4)
 Gardner, Buckman. St. Vincent's Hospital (7)
 Garfield, Martin D. 3705 College Ave. (5)
 Garner, William (S) 2911 E. 10th St. (1)
 Garner, W. Stanley. 2911 E. 10th St. (1)
 Garrett, John D. (S) 1455 N. Pennsylvania St. (2)
 Garrett, Robert A. I. U. Medical Center (7)
 Gastineau, David C. I. U. Medical Center (7)
 Gastineau, Frank M. 407 Hume Mansur Bldg. (4)
 Gatch, Willis D. (S) 605 Hume Mansur Bldg. (4)
 Geider, Roy A. 1443 Prospect St. (3)
 Genna, Mary E. Miller. I. U. Medical Center (7)
 Genovese, Pasquale

V. A. Hospital, 1481 W. 10th St. (7)

George, Charles L. 507 E. 34th St. (5)
 Gibson, Greta Maxine. 5744 Broadway Terrace (20)
 Gick, Herman H. 2705 E. Michigan St. (1)
 Gifford, Fred E. 710 Hume Mansur Bldg. (4)
 Gillespie, Charles F. 3209 N. Meridian St. (8)
 Gillespie, Jacob E. 523 Hume Mansur Bldg. (4)
 Glass, Robert L. 608 Hume Mansur Bldg. (4)
 Glendening, John L. 3134 N. Delaware St. (5)
 Goldman, Samuel. 1204 Oliver Ave. (21)
 Goodwin, Caroline J. 1220 Pickwick Pl. (8)
 Gormley, Joseph J. 2369 Goodlet (23)
 Gosman, James H. 2901 N. Meridian St. (8)
 Graves, John W. 943½ N. Bancroft Ave. (1)
 Green, Oscar. 3120 N. Meridian St. (8)
 Greene, Morgan E. 1621 S. East St. (25)
 Greist, John H. 2901 N. Meridian St. (8)
 Griffith, Richard S.

Lilly Clinic, General Hospital (7)

Griffith, Ross E. 401 E. 34th St. (5)
 Grimes, Hubert N. 947 N. Kealing Ave. (1)
 Grisell, Ted L. 504 Hume Mansur Bldg. (4)
 Gruber, Charles M.

Lilly Clinic, General Hospital (7)

Guthrie, James U. I. U. Medical Center (7)

H

Habegger, Elmer D. 920 Hume Mansur Bldg. (4)
 Habich, Carl. 702 Hume Mansur Bldg. (4)
 Hadley, David. 809 Hume Mansur Bldg. (4)
 Haggard, Edmund B. 3481 Birchwood Ave., (5)
 Hahn, E. Vernon. 912 Hume Mansur Bldg. (4)
 Hall, Frank M. 141 S. Meridian St. (25)
 Hamer, Homer G. (S) 1711 N. Capitol Ave. (7)
 Hammond, James B.

Lilly Clinic, General Hospital (7)

Hampshire, Donald R. 1443 N. Pennsylvania St. (2)
 Hampton, Hollis E., Jr. Methodist Hospital (7)
 Hancock, John G. 2226 W. Michigan St. (22)
 Hann, Eldon C. I. U. Medical Center (7)
 Hanna, Duke E. 2901 N. Meridian St. (8)
 Hanna, Thomas A. 1608 N. Lynhurst Dr. (24)
 Hansell, Robert M. 7 N. Euclid Ave. (1)
 Harcourt, Allan K. 812 C. of C. Bldg. (4)
 Harding, M. Richard. 308 Hume Mansur Bldg. (4)
 Harding, Myron S. 308 Hume Mansur Bldg. (4)
 Harding, Paul C.

VA Hospital, 1481 W. Tenth St. (7)

Hare, Earl H. V. A. Hospital, 1481 W. 10th St. (7)
 Hare, Laura. 404 Hume Mansur Bldg. (4)
 Harger, Robert W. 804 Hume Mansur Bldg. (4)
 Harold, Albert H. (S) 7510 Allisonville Rd. (44)
 Harold, Norris E. (S) 3545 N. Denny St. (18)
 Harris, Carl B. 319 Hume Mansur Bldg. (4)
 Harris, Jackson. I. U. Medical Center (7)
 Harris, Paul N.

Eli Lilly & Co., 740 S. Alabama St. (6)

Hasewinkel, Carroll W. Methodist Hospital (7)
 Haslinger, Clarence J. 2151 E. New York St. (1)
 Hatfield, Benjamin F. 802 C. of C. Bldg. (4)
 Hatfield, Jack J. 802 C. of C. Bldg. (4)
 Hatfield, Nicholas W. 2032 N. Rural St. (18)
 Hawk, James H. 3736 N. Delaware St. (5)

Haymond, Joseph L. 3769 College Ave. (5)
 Hays, Everett L. 2607 Manker Ave. (3)
 Healey, Robert J. 3602 N. Meridian St. (8)
 Hedrick, Philip W. 652 E. 54th St. (20)
 Heimburger, Robert F. I. U. Medical Center (7)
 Heinrichs, Harry H. (S) 434 Bankers Trust Bldg. (4)

Hemsworth, Dorothy N. 1830 E. 10th St. (1)
 Henderson, Francis G. Eli Lilly & Co., 740 S. Alabama St. (6)
 Henderson, Roscoe C. 3131 Northwestern Ave. (23)
 Hendricks, Fred A. 6134 Compton Ave., (20)
 Hendricks, John W. 911 Hume Mansur Bldg. (4)
 Henry, Russell S. 725 Hume Mansur Bldg. (4)
 Hepburn, C. Keith. 1633 N. Capitol Ave. (2)
 Hershberger, Philip V. A. Hosp., 1481 W. 10th St. (7)

Hetherington, Arthur M. (S) 4121 E. New York St. (1)
 Hetherington, John A. 1633 N. Capitol Ave. (2)
 Heubi, John E. 668 E. Maple Rd. (5)
 Hickman, Walter F. 1210 Oliver Ave. (21)
 Hicks, Murwyn L. I. U. Medical Center (7)
 Hilldrup, Don G. 5672 N. Illinois St. (8)
 Himler, James M. 809 Underwriters Bldg. (4)
 Hine, Ulis B. 4808 E. Michigan St. (1)
 Hines, Don C. Eli Lilly & Co., 740 S. Alabama St. (6)

Hodges, Fletcher (S) V. A. Regional Office, 36 S. Pennsylvania St. (4)
 Hoffman, Herman 2439 Central Ave. (5)
 Hofmann, J. William 323 Hume Mansur Bldg. (4)
 Hogle, Frank D. 1843 E. 10th St. (1)
 Hollingsworth, Albert A. (S) 4032 E. Washington St. (1)

Holman, Jerome E. 3315 E. 10th St. (1)
 Holman, Jerome E., Jr. 3315 E. 10th St. (1)
 Hood, Ainslee A. 3205 Shelby St. (27)
 Horwitz, Thomas 424 Hume Mansur Bldg. (4)
 Howard, William F. General Hosp. (7)
 Howell, Arthur 2060 Boulevard Pl. (2)
 Howell, Joseph D. 760 Bankers Trust Bldg. (4)
 Howell, Robert D. 900 Underwriters Bldg. (4)
 Hoyt, Lester H. Methodist Hospital (7)
 Hoyt, Millard L. 906 Hume Mansur Bldg. (4)
 Huber, Carl P. I. U. Medical Center (7)
 Huckleberry, Carl D. Larue D. Carter Hospital, 1315 W. 10th St. (7)

Huddle, John R. 2963 N. Sherman Dr. (18)
 Hudson, Foster J. 3440 N. Meridian St. (8)
 Huffman, Galen C. General Hosp. (7)
 Hull, Ronald H. 723 Hume Mansur Bldg. (4)
 Hummons, Francis D. 729½ N. West St. (2)
 Hurt, Laverne B. 635 E. Kessler Blvd. (20)
 Huse, William M. 703 Hume Mansur Bldg. (4)
 Hynes, Roy T. 633 E. Maple Rd. (5)

I

Irwin, Glenn W., Jr. I. U. Medical Center (7)
 Iske, Paul G. 420 Hume Mansur Bldg. (4)

J

Jackson, Frederick E. (S) 2125 N. Park Ave. (2)
 Jackson, James W. (S) Indiana State Board of Health, 1330 W. Michigan St. (7)
 Jackson, Jesse L. 3001 E. 10th St. (1)
 Jaeger, Alfred S. (S) 430 Bankers Trust Bldg. (4)
 Jaquith, Orville S. (S) 261 Blue Ridge Rd. (8)
 Jay, Arthur N. 3233 N. Meridian St. (8)
 Jeffries, Kenneth I. (S) 807 Virginia Ave. (3)
 Jenkins, Robert E. 3311 N. Meridian St. (8)
 Jennings, Frank L. V. A. Hospital, 2601 Cold Springs Rd. (22)

Jewett, Joe H. 3120 N. Meridian St. (8)
 Jinks, Clifford H. 666 E. 42nd St. (5)
 Jobs, James E. 305 Traction Terminal Bldg. (4)
 Jobs, Norman E. (S) 305 Traction Terminal Bldg. (4)

Johnson, Thomas W. 529 Bankers Trust Bldg. (4)
 Johnson, William F. (S) 2121 N. Harding St. (2)
 Jones, Allen W. 6058 College Ave. (20)
 Jones, David E. 828 C. of C. Bldg. (4)
 Jones, Francis P. 4212 E. Michigan St. (1)
 Jones, Gordon C. 625 N. Parker Ave. (3)
 Jones, Roland W. 707 Hume Mansur Bldg. (4)
 Joseph, Rex M. 1615 S. East St. (25)
 Jowitt, Richard H. 1502 N. Emerson (19)
 Judy, Hubert E. General Hosp. (7)

K

Kahler, Maurice V. 2338 W. Michigan St. (22)
 Kahn, Alexander J. 3120 N. Meridian St. (8)
 Kahn, Howard L. 3120 N. Meridian St. (8)
 Kalb, Everett L. 356 S. Emerson Ave. (19)
 Kammen, Leo 3202 W. 16th St. (22)
 Kammen, Robert 3202 W. 16th St. (22)
 Kauffman, Nelson N. 2901 N. Meridian St. (8)
 Kauffman, Sidney A. 3202 N. Meridian St. (8)
 Keenan, George B. 1743 Shelby St. (3)
 Keenan, Reid L. 615 Hume Mansur Bldg. (4)
 Keever, Charles H. 5214 College Ave. (20)
 Keiser, Venice D. 5709 Broadway (20)
 Kelly, Don E. 702 Underwriters Bldg. (4)
 Kelly, John F. Indianapolis
 Kelly, Walter F. (S) 6016 E. Washington St. (19)
 Kelly, William M. 5438 E. Washington St. (19)
 Kempf, Gerald F. V. A. Hosp., 2601 Cold Springs Rd. (22)

Kendrick, William M. 1829 E. 46th St. (5)
 Kennedy, Hall 2152 N. Meridian St. (2)
 Kennedy, Hunter F. 1105 Prospect St. (3)
 Kennedy, Joseph C. Community Hospital
 Kerr, Harry R. 2817 E. Washington St. (1)
 Ketcham, Jane M. (S) 514 Hume Mansur Bldg. (4)
 Kilgore, Byron W. 3133 E. 38th St. (18)
 Kime, Edwin N. 711 Underwriters Bldg. (4)
 King, Harold I. U. Medical Center (7)
 King, William E. 811 Hume Mansur Bldg. (4)
 King, William F. (S) 509 Blue Ridge Rd. (8)
 Kingsbury, John K. 5462 E. Washington St. (19)
 Kinzel, Robert J. W. 3120 N. Meridian St. (8)
 Kirkhoff, Paul J. 1517 N. Emerson Ave. (19)
 Kirklin, Oren L. 202 Hume Mansur Bldg. (4)
 Kirtley, William R. Eli Lilly & Co., 740 S. Alabama St.

Kiser, Edgar F. (S) 226 Hume Mansur Bldg. (4)
 Kitterman, Harry E. 510 Hume Mansur Bldg. (4)
 Klain, Benjamin V. 4157 College Ave. (5)
 Knowles, Charles Y. 5045 E. 10th St. (1)
 Knowles, Robert P. 2901 N. Meridian St. (8)
 Knox, Robert L. I. U. Medical Center (7)
 Kohlstaedt, Karl C. Eli Lilly & Co., 740 S. Alabama St. (6)
 Kohlstaedt, Kenneth G. Lilly Clinic, General Hospital (7)

Kooiker, John E. 401 E. 34th St. (5)
 Koons, Karl M. 923 Hume Mansur Bldg. (4)
 Kopecky, Robert R. 4131 Shelby St. (27)
 Kornafel, L. H. 608 K. of P. Bldg. (4)
 Kraft, Bennett 760 Bankers Trust Bldg. (4)
 Kriel, William B. 5630 W. Washington St. (21)
 Kuntz, Herman W. 501 Hume Mansur Bldg. (4)
 Kurtz, Fred B. (S) 5520 N. Illinois St. (8)
 Kurtz, Philip L. Eli Lilly & Co., 740 S. Alabama St. (6)

Kwitny, Isadore J. 3209 N. Meridian St. (8)

L

LaDine, Clarence B. 2508 Station St. (18)
 Lamb, Emmett B. 205 Hume Mansur Bldg. (4)
 Lamb, Russell W. 205 Hume Mansur Bldg. (4)
 Lamber, Chet K. 914 Hume Mansur Bldg. (4)
 Landis, Charles I. U. Medical Center (7)
 Landwehr, Alfons Sunnyside Sanitorium (26)
 Langdon, Harry K. (S) 3264 N. Pennsylvania St. (5)

Laramore, Ward 5835 N. Keystone Ave. (20)
 Larkin, Bernard J. 305 Hume Mansur Bldg. (4)
 Lawler, George F. 3934 E. 10th St. (1)
 Leasure, J. Kent. 611 Hume Mansur Bldg. (4)
 Leatherman, Harter L. 1531 Broadway (2)
 Leedy, Gladys J. Central State Hospital (22)
 Leff, Abe H. 712 E. 52nd St. (5)
 Leffel, James M. 1633 N. Capitol Ave. (2)
 Leffler, William T. 2141 E. 52nd St. (5)
 LeMaster, Theodore R. 805 Hume Mansur Bldg. (4)
 Leonard, Henry S. (S) 303 Hume Mansur Bldg. (4)
 Leser, Ralph U. 3233 N. Meridian St. (8)
 Levi, Leon. 40 W. Maple Rd. (8)
 Levin, Ralph T. 3209 N. Meridian St. (8)
 Libbert, Edwin L.

V. A. Regional Office, 36 S. Pennsylvania St. (4)
 Libbert, Edwin L., Jr. 6461 N. Sherman Dr. (20)
 Lichtenberg, Melvin. 535 E. Maple Rd. (5)
 Lidikay, Edward C. 621 Hume Mansur Bldg. (4)
 Lindenberg, Paul G. 4816 N. Illinois St. (8)
 Lingeman, Raleigh E. 411 Hume Mansur Bldg. (4)
 Lingeman, Roger E. 2081 N. Emerson Ave. (18)
 Link, Goethe (S) 608 K. of P. Bldg. (4)
 Little, John W. (S) 2735 E. 10th St. (1)
 Little, William J. 712 Hume Mansur Bldg. (4)
 Littlefield, Paul A. 3202 Medford Ave. (22)
 Littlefield, Shirley D. I. U. Medical Center (7)
 Lloyd, Frank P. 2229 Northwestern Ave. (23)
 Lochry, Ralph L. 6150 Crow's Nest Dr. (8)
 Loehr, William M. I. U. Medical Center (7)
 Long, William H. (S) R. R. 18, Box 534
 Loomis, Norman S. 5230 N. Kenwood Ave. (8)
 Lord, Glenn C. 104 E. Maple Rd. (5)
 Louden, Robert W. 8545 Westfield Blvd. (20)
 Love, George N. 1644 N. Delaware St. (2)
 Lowe, Robert H. General Hospital (7)
 Lucas, Clarence A., Jr. 2012 Boulevard Pl. (2)
 Ludwig, Oscar D. (S) 5433 Madison Ave. (3)
 Lukemeyer, George T. I. U. Medical Center (7)
 Lurie, Paul R. I. U. Medical Center (7)
 Luros, J. Theodore. 1633 N. Capitol Ave. (2)
 Lybrook, William B. 3731 N. Keystone Ave. (18)

M

McBride, James S. 810 Hume Mansur Bldg. (4)
 McCallum, Joseph T. C. 237 W. 46th St. (8)
 McCartney, Donald H. 918 Hume Mansur Bldg. (4)
 McCaskey, Carl H. (S) 608 Guaranty Bldg. (4)
 McClain, Edwin S. 414 Hume Mansur Bldg. (4)
 McCormick, Charles O. 621 Hume Mansur Bldg. (4)
 McCormick, Charles O., Jr. 621 Hume Mansur Bldg. (4)
 McCoy, Melvin H. 428 Bankers Trust Bldg. (4)
 McDevitt, Daniel R. 3202 N. Meridian St. (8)
 McDougal, Robert A. General Hosp. (7)
 McGrath, Michael F. 1929 E. 38th St. (18)
 McGuff, Paul E. 605 E. Maple Rd. (5)
 McIntyre, Charles J. (S) 414 Hume Mansur Bldg. (4)

McIntyre, James M. 2901 N. Meridian St. (8)
 McKinley, A. David. I. U. Medical Center (7)
 McMillan, Frederick G. (S) 1110 Odd Fellows Bldg. (4)

McQuiston, Ralph J. 608 Guaranty Bldg. (4)
 McTurnan, Robert W. 5646 N. Illinois St. (8)
 Mackey, Harry S. 4309 Central Ave. (5)
 Mackey, John E. 3209 N. Meridian St. (8)
 Madden, Robert J. 4612 E. Tenth St. (1)
 Madtson, A. Ricks. 822 Hume Mansur Bldg. (4)
 Magennis, Herbert L. 468½ W. Washington St. (4)
 Magid, Bernard General Hosp. (7)
 Manalan, Maurice M. 5831 E. Washington St. (19)
 Manders, Karl L. 2901 N. Meridian St. (8)
 Manion, Marlow W. 601 Hume Mansur Bldg. (4)
 Mann, Mortimer. 3602 N. Meridian St. (8)
 Manning, K. Randolph 723 Hume Mansur Bldg. (4)
 Manzie, Michael W. General Hospital (7)

Marks, Maurice I. 2901 N. Meridian St. (8)
 Marsh, Carl M. 2626 N. Alabama St. (5)
 Marshall, Albert L., Jr.

Indiana State Board of Health,
 1330 W. Michigan St. (7)

Marshall, Cavins R. 43 W. 30th St. (8)
 Martin, Hugh E.

Pitman-Moore Co., 1200 Madison Ave. (6)
 Martin, Loren H. 2626 W. Washington St. (22)

Martz, Bill L. Lilly Clinic, General Hospital (7)

Martz, Carl D. 508 Hume Mansur Bldg. (4)

Marvel, Robert J. 3311 N. Meridian St. (8)

Masters, John M. 805 Hume Mansur Bldg. (4)

Masters, Robert J. 805 Hume Mansur Bldg. (4)

Matthew, W. Burleigh 520 Hume Mansur Bldg. (4)

Matthews, Bernard J. 4612 E. 10th St. (1)

Matthews, William M. 4612 E. 10th St. (1)

Megenhardt, Dennis S. 1633 N. Capitol Ave. (2)

Meiks, Lyman T. Riley Hospital (7)

Melin, John R. 3440 N. Meridian St. (8)

Melloh, Ardis F. 2821 E. 10th St. (1)

Mendenhall, Clarence D.

4016 E. Washington St. (1)

Mentendiek, Maurice H.

205 Hume Mansur Bldg. (4)

Mericle, Earl W. 1633 N. Capitol Ave. (2)

Merrell, Paul 420 Hume Mansur Bldg. (4)

Mertz, Henry O. 5950 Central Ave. (20)

Mertz, John H. O. 1711 N. Capitol Ave. (7)

Middleton, Harvey N. 1828 N. Illinois St. (2)

Milan, Joseph F. 1633 N. Capitol Ave. (2)

Miller, Charles L.

V. A. Hosp., 1481 W. Tenth St. (7)

Miller, Frank H. 424 Hume Mansur Bldg. (4)

Miller, J. Don (S) 514 Hume Mansur Bldg. (4)

Miller, John D. Sunnyside Sanatorium (26)

Miller, Raleigh S. 6211 College Ave. (20)

Miller, Wallace E. 510 Hume Mansur Bldg. (4)

Mishler, Joe B. General Hosp. (7)

Mitchell, Earl H. 1023 King Ave. (22)

Mitchell, Edward O. 5704 N. Keystone Ave. (20)

Mitchell, George H. General Hosp. (7)

Moenning, Walter P. 618 K. of P. Bldg. (4)

Molt, William F. (S) 2315 N. Talbot Ave. (5)

Montgomery, William F.

904 Hume Mansur Bldg. (4)

Moore, Ben B. 414 Hume Mansur Bldg. (4)

Moore, Donald F. 1315 W. 10th St. (7)

Moore, Richard B. 5005 N. Illinois St. (8)

Moore, Harold T. 3220 N. Sharon Ave. (22)

Morchan, Samuel. 3769 College Ave. (5)

Morgan, Margaret E.

Larue D. Carter Hospital, 1315 W. 10th St. (7)

Mori, Victor M. General Hospital (7)

Moriarty, John R. 5602 Madison Ave. (3)

Morrison, Lewis E. 603 Hume Mansur Bldg. (4)

Morton, Joseph L. St. Vincent's Hosp. (7)

Morton, Walter P. 623 Hume Mansur Bldg. (4)

Moser, Rollin H. 400 Hume Mansur Bldg. (4)

Moss, Bobby L. 4533 E. 21st St. (18)

Moss, Harlan B. 1849 Nowland Ave. (1)

Mothersill, Mark H. 3650 College Ave. (5)

Moulton, Lillian G. 1327 N. Pennsylvania St. (2)

Mouser, Robert W. 6047 N. Meridian St. (20)

Mullen, James B.

V. A. Hosp., 1481 W. Tenth St. (7)

Mueller, Lillian B. 4026 Broadway (5)

Muller, Lullus P. 3120 N. Meridian St. (8)

Muller, Paul F. 3311 N. Meridian St. (8)

Muller, Victor H. St. Vincent's Hosp. (7)

Mumford, E. Bishop (S) 812 C. of C. Bldg. (4)

Myers, Charles W. R. R. 18, Box 256 (24)

Myers, Roy V. 1904 N. Rural St. (18)

N

Nafe, Cleon A. 822 Hume Mansur Bldg. (4)

Nagan, Robert F. 606 Hume Mansur Bldg. (4)

Nay, Richard M. 1015 Hume Mansur Bldg. (4)

Need, Louis T. 1927 S. Meridian St. (25)

Nester, Henry G. 307 City Hall (4)
 Neucks, Howard C. I. U. Medical Center (7)
 Nicholas, Dennis 2425 E. 38th St. (18)
 Nicholson, Ray W. I. U. Medical Center (7)
 Nie, Louis W. 2901 N. Meridian St. (8)
 Noble, Thomas B. 19 W. 56th St. (8)
 Nohl, John M. 975 N. Emerson Ave. (19)
 Nolting, Henry F. 261 W. 40th St. (8)
 Norman, William H. 908 Hume Mansur Bldg. (4)
 Norris, Howard L. 704 Hume Mansur Bldg. (4)
 Norris, Max S. 514 Hume Mansur Bldg. (4)
 Nourse, Myron H. 1711 N. Capitol Ave. (7)
 Nugent, Edwin J. Allison Div. GMC (6)

O

O'Brian, Earl J. 3041 Lafayette Rd. (22)
 Ochsner, Harold C. Methodist Hospital (7)
 Offutt, Andrew C. Indiana State Board of Health,
 1330 W. Michigan St. (7)
 Olson, John R. 313 Hume Mansur Bldg. (4)
 Olvey, Ottis N. 3769 Park Ave. (5)
 O'Malley, Martha A. Ind. St. Bd. of Health
 1330 W. Michigan St. (7)
 Orders, Clark E. (S) ... 440 Bankers Trust Bldg. (4)
 Otten, Claude F. 812 C. of C. Bldg. (4)
 Ottinger, Ross C. 1008 Hume Mansur Bldg. (4)
 Owen, John E. 605 Hume Mansur Bldg. (4)
 Owens, Tracy C. 2823 N. Meridian St. (8)

P

Palmer, Robert M. I. U. Medical Center (7)
 Pandolfo, Harry 234 E. Southern Ave. (25)
 Park, Byron J. I. U. Medical Center (7)
 Parker, George F., Jr. ... 1502 N. Emerson Ave. (19)
 Parker, John F. 1706 E. Washington St. (1)
 Parker, Portia 2226 W. Michigan St. (22)
 Parr, Robert L. 3043 E. 38th St. (18)
 Patton, Martin T. 107 W. 30th St. (8)
 Paulissen, George T. 741 Markwood Ave. (27)
 Pearson, John S. American United Life Ins. Co.,
 30 W. Fall Creek Parkway (6)
 Pearson, Lyman R. 311 Hume Mansur Bldg. (4)
 Peabworth, Aubrey C. (S) ... 1625 W. Morris St. (21)
 Peck, Franklin B., Jr. Lilly Clinic General Hosp. (7)

Peck, Franklin B. Eli Lilly & Co., 740 S. Alabama St. (6)
 Peirce, James D. Eli Lilly & Co., 740 S. Alabama St. (6)

Pennington, Walter E. ... 214 Hume Mansur Bldg. (4)
 Perlov, Sylvan H. 635 E. Maple Rd. (5)
 Permer, Erwin 136 E. 30th St. (5)
 Peterson, Deward D. General Hospital (7)
 Petranoff, Theodore V. 515 N. Tibbs Ave. (22)
 Pettijohn, Fred L. (S) ... 2460 Central Ave. (5)
 Pfaff, Dudley A. V. A. Regional Office, 36 S. Pennsylvania St. (4)

Phillips, David L. 605 E. Maple Rd. (5)
 Pickett, Robert D. 400 Hume Mansur Bldg. (4)
 Pilcher, Jack E. 201 Hume Mansur Bldg. (4)
 Pinsky, Sheldon T. General Hospital (7)
 Pontius, Edwin E. Methodist Hosp. (7)
 Popplewell, Arvine G. ... Sunnyside Sanatorium (26)
 Price, Francis W. 1002 E. Troy Ave. (3)
 Price, James O. 512 Hume Mansur Bldg. (4)
 Pryor, Richard C. 6111 College Ave. (20)

Q

Quigley, Joseph B. 817 Hume Mansur Bldg. (4)

R

Rabb, Frank M. 624 Hume Mansur Bldg. (4)
 Rabb, Harry S. 3139 E. 10th St. (1)
 Raber, Robert M. 1633 N. Capitol Ave. (2)
 Rader, George S. 1010 Hume Mansur Bldg. (4)
 Ragsdale, Harrison C. General Hosp. (7)
 Ralston, John D. Central State Hosp. (22)
 Ramsey, Frank B. 201 Hume Mansur Bldg. (4)
 Reed, Philip B. 1800 E. 10th St. (1)
 Rees, Russel C. 6114 E. Washington St. (19)
 Reid, Charles A. 2445 Shelby St. (3)

Reisler, Simon 318 Bankers Trust Bldg. (4)
 Rhamy, Robert K. I. U. Medical Center (7)
 Rhodes, Theodore D. R. R. 12, Box 241R
 Rice, Frederic A. 7017 Pendleton Pike (26)
 Rice, Raymond M. Eli Lilly & Co., 740 S. Alabama St. (6)

Rice, Reed P. 5111 Carrollton Ave. (5)
 Richardson, Thad T. 513 S. Sherman Dr. (3)
 Richter, Arthur B. 720 Hume Mansur Bldg. (4)
 Ricketts, Joseph W. 2901 N. Meridian St. (8)
 Ridgeway, Ora W. (S) ... 411 E. 16th St. (2)
 Rigg, John F. 421 Hume Mansur Bldg. (4)
 Rinker, Earl B. 22 E. 57th St. (20)
 Ritchey, James O. 608 Hume Mansur Bldg. (4)
 Rittenberg, Henry W. General Hosp. (7)
 Ritter, Wayne L. 404 Hume Mansur Bldg. (4)
 Robb, John A. 238 Hume Mansur Bldg. (4)
 Robertson, Ray B. 6118 E. Washington St. (19)
 Rogers, Donald L. 3426 N. Meridian St. (8)
 Roggenkamp, Milton W. 6347 Forest View Dr. (20)

Rohn, Robert J. I. U. Medical Center (7)
 Roll, John W. 2120 E. 10th St. (1)
 Roller, Charles W. (S) ... 1437 Shelby St. (3)
 Romberger, Floyd T., Jr. ... 3440 N. Meridian St. (8)
 Rosenak, Bernard D. ... 226 Hume Mansur Bldg. (4)
 Rosenbaum, David V. A. Hospital, 1481 W. 10th St. (7)

Rosenbaum, Irving, Jr. 401 E. 34th St. (5)
 Ross, Alexander T. I. U. Medical Center (7)
 Roth, Bertram S. 6378 College Ave. (20)
 Roth, Leo 3311 Meadow Court (5)
 Row, D. Hamilton 906 Hume Mansur Bldg. (4)
 Rubin, Gerald S. 624 Hume Mansur Bldg. (4)
 Ruddell, Karl R. 3202 N. Meridian St. (8)
 Ruddell, Keith 3202 N. Meridian St. (8)
 Rudesill, Cecil L. 405 Hume Mansur Bldg. (4)
 Rudesill, Robert L. 405 Hume Mansur Bldg. (4)
 Rupel, Ernest 419 Hume Mansur Bldg. (4)
 Russell, John R. I. U. Medical Center (7)
 Rust, Byron K. 3740 Central Ave. (5)
 Rust, Roland B. 3939 Meadows Drive (5)
 Ruth, Martin L. 4304 E. Washington St. (1)
 Rutherford, Cyrus W. (S) ... 4601 N. Pennsylvania St. (5)

Ryan, Glen V. 2428 W. 16th St. (22)

S

Sage, Russell A. 505 Hume Mansur Bldg. (5)
 Salb, Max C. 826 C. of C. Bldg. (4)
 Sanders, Harry M. 3760 N. Sherman Dr. (18)
 Sandorf, Marvin H. 1102 Prospect St. (3)
 Schaefer, C. Richard (S) ... 20 Doctors' Bldg. (4)
 Schaffer, Edward V. 806 Hume Mansur Bldg. (4)
 Schechter, John S. 3209 N. Meridian St. (8)
 Scheier, Emil W. 1542 Prospect St. (3)
 Schlaegel, Theodore F., Jr. 624 Hume Mansur Bldg. (4)

Schlegel, Donald M. 419 Hume Mansur Bldg. (4)
 Schmidt, Loren F. 605 Hume Mansur Bldg. (4)
 Schmidt, Richard H. 268 Blue Ridge Rd. (8)
 Schneider, Carl J. 1008 N. Beville Ave. (1)
 Schuchman, Abe. 3763 Broadway (5)
 Schuchman, Gabriel 3451 College Ave. (5)
 Schulze, Hans A. 1104 College Ave. (2)
 Schuster, Dwight W. ... 723 Hume Mansur Bldg. (4)
 Scott, George E. 3636 N. Layman Ave. (18)
 Scott, I. Winfield 3209 N. Meridian St. (8)
 Scott, John R. 6214 Broadway (20)
 Scott, Robert P. 209 Hume Mansur Bldg. (4)
 Scott, Samuel L. 6325 Guilford Ave. (20)
 Seaman, Charles F. 1010 Hume Mansur Bldg. (4)
 Sedam, Herbert L. 4548 College Ave. (5)
 Segar, Louis H. 818 E. 48th St. (5)
 Segar, William E. Riley Hosp. (7)
 Sellmer, George W. 8545 Westfield Blvd. (20)
 Sexson, Hiram T. 3731 N. Keystone (18)
 Shafer, Marion R. 614 Hume Mansur Bldg. (4)
 Shaffer, Lee W. Riley Hosp. (7)

Shanafelt, Donald K. Methodist Hospital (7)
 Sheehan, Francis G. 6016 E. Washington St. (19)
 Shelley, Richard Methodist Hospital (7)
 Sherster, Harry 1135 S. Meridian St. (25)
 Shively, John A. General Hospital (7)
 Shoptaugh, A. Glenn, Jr.

3216 N. Pennsylvania St. (5)
 Shrigley, Edward W. I. U. Medical Center (7)
 Shullenberger, Wendell A. 3740 Central Ave. (5)
 Shumacker, Harris B., Jr. I. U. Medical Center (7)
 Sicks, Okla W. 606 Hume Mansur Bldg. (4)
 Sidebottom, Earl W. 507 Hume Mansur Bldg. (4)
 Siersdorfer, Theodore N. (S)

6003 W. Washington St. (21)
 Sigmond, Harvey W. 301 Hume Mansur Bldg. (4)
 Simmons, James E. 1949 E. 11th St. (1)
 Simms, J. Leon 2453 Northwestern Ave. (23)
 Simpson, William D. 1121 N. Arlington Ave. (19)
 Sims, J. Lawrence 809 Hume Mansur Bldg. (4)
 Sluss, David H. 808 C. of C. Bldg. (4)
 Sluss, John W. (S) 808 C. of C. Bldg. (4)
 Smith, David Joe L. S. Ayres & Co. (9)
 Smith, David L. 2901 N. Meridian St. (8)
 Smith, Edward B. I. U. Medical Center (7)
 Smith, E. Rogers 822 Hume Mansur Bldg. (4)
 Smith, Francis C. 983 N. Arlington Ave. (19)
 Smith, Lester A. 238 Hume Mansur Bldg. (4)
 Smith, Roy Lee 707 Underwriters Bldg. (4)
 Smith, Wilbur F. 3424 College Ave. (5)
 Smith, William B. 2229 Northwestern Ave. (23)
 Snapp, Richard A. 3120 N. Meridian St. (8)
 Snider, Byron 2717 S. East St. (3)
 Snodgrass, Robert E. General Hosp. (7)
 Solomon, Reuben A. 414 Hume Mansur Bldg. (4)
 Soper, Hunter A. 1015 Hume Mansur Bldg. (4)
 Souter, Martha C. 3360 N. Meridian St. (8)
 Sovine, Joe W. 922 Hume Mansur Bldg. (4)
 Spahr, John F., Jr. 3440 N. Meridian St. (8)
 Spalding, Joseph J. 706 Hume Mansur Bldg. (4)
 Sparks, Alan L. 1024 Hume Mansur Bldg. (4)
 Spivey, Russell J. 2616 N. Pennsylvania St. (5)
 Spolyar, Louis W. Indiana State Board of Health,

1330 W. Michigan St. (7)
 Sputh, Carl B., Jr. 301 Doctors' Bldg. (4)
 Stadler, Harold E. 5508 E. Washington St. (19)
 Staten, Jesse C. Chevrolet Body Div., GMC,

340 White River Pkwy., W. Dr. S. (22)
 Stayton, Chester A. 313 Hume Mansur Bldg. (4)
 Stayton, Chester A., Jr.

313 Hume Mansur Bldg. (4)
 Steinmetz, Edward F. St. Vincent's Hosp. (7)
 Stephens, Donald E. 6332 Guilford Ave. (20)
 Stephens, Kuhrman H. 501 Hume Mansur Bldg. (4)
 Stevens, Sydney L. 303 Hume Mansur Bldg. (4)
 Stoelting, Vergil K. I. U. Medical Center (7)
 Stone, Alvin T. 6202 College Ave. (20)
 Stone, David F. Indiana State Board of Health,

1330 W. Michigan St. (7)
 Storey, D. Edmund 813 Broad Ripple Ave. (20)
 Storey, Joseph L. 3434 N. Illinois St. (8)
 Storms, Roy B. 5041 Central Ave. (5)
 Stroup, Tyler J. 216 K. of P. Bldg. (4)
 Stucky, Elsworth K. 1349 Madison Ave. (25)
 Stump, Loyd K. I. U. Medical Center (7)
 Stump, Thomas A. I. U. Medical Center (7)
 Stygall, James H. 1221 N. Delaware St. (2)
 Sudranski, Herbert F. 824 Hume Mansur Bldg. (4)
 Sutton, William E. 521 Hume Mansur Bldg. (4)
 Swan, John R. 915 Hume Mansur Bldg. (4)
 Symmes, Alfred T. 625 E. Maple Rd. (8)
 Szynal, John S. 633 E. Maple Rd. (5)

T

Talbott, Dan E. 1020 Hume Mansur Bldg. (4)
 Tanner, Henry S. 301 Hume Mansur Bldg. (4)
 Taylor, Clifford C. 5938 Crittenden Ave. (20)
 Taylor, Frederic W. 400 Hume Mansur Bldg. (4)
 Teague, Frank W. 918 Hume Mansur Bldg. (4)
 Teixler, Victor A. 224 Hume Mansur Bldg. (4)

Test, Charles E. 1002 Hume Mansur Bldg. (4)
 Teter, George V. 401 E. 34th St. (5)
 Tether, Joseph E. 915 Hume Mansur Bldg. (4)
 Tharpe, Ray 3202 N. Meridian St. (8)
 Thatcher, Hugh K., Jr. 4548 College Ave. (5)
 Thom, Julia S. V. A. Regional Office,

36 S. Pennsylvania St. (4)
 Thomas, Edward P. 820 W. Michigan St. (2)
 Thomas, Fred A. St. Vincent's Hospital (7)
 Thomas, Lowell I. 1008 Hume Mansur Bldg. (4)
 Thomas, Morris E. 715 Underwriters Bldg. (4)
 Thompson, John V. 1221 N. Delaware St. (2)
 Thompson, Paul D. 404 Hume Mansur Bldg. (4)
 Thompson, Wayne H. General Hospital (7)
 Thornburg, Kenneth E. 1633 N. Capitol Ave. (2)
 Thornton, Harold C. 3769 College Ave. (5)
 Thurston, Harrison S. (S) 2503 Prospect St. (3)
 Tindall, George T. 6002 Windsor Dr. (18)
 Tinsley, Frank W. 603 K. of P. Building (4)
 Tinsley, Walter B., Jr. 3605 W. 30th St. (22)
 Tinsley, Walter B. 603 K. of P. Bldg. (4)
 Tischer, E. Paul 208 Hume Mansur Bldg. (4)
 Tondra, John M. 408 Hume Mansur Bldg. (4)
 Torrella, Jose A. 5324 W. 16th St. (24)
 Tosick, William A. General Hospital (7)
 Toumey, Fred L. 3209 N. Meridian St. (8)
 Trusler, Harold M. 408 Hume Mansur Bldg. (4)
 Tuchman, Joseph H. 1154 Hawks Lane (20)
 Tucker, Warren S. 414 Hume Mansur Bldg. (4)
 Tyner, Harlan H. 3202 N. Meridian St. (8)

U-V

Vandivier, Robert M. 209 Hume Mansur Bldg. (4)
 Van Dorn, Myron J. 3626 Clifton St. (23)
 Van Fleet, Josephine Indiana State Board of Health, 1330 W. Michigan St. (7)
 Van Meter, C. Powell 3419 E. 10th St. (1)
 Van Osdol, Harry A. (S) 43 Hampton Dr. (8)
 Van Tassel, Charles J. 709 Hume Mansur Bldg. (4)
 Van Vactor, Helen D. 226 Hume Mansur Bldg. (4)
 Vaughn, Rufus M. 1315 W. 10th St. (7)
 Vellios, Frank I. U. Medical Center (7)
 Vollrath, Victor J. 5205 N. Illinois St. (8)
 Von Der Haar, Gerard 4016 E. Michigan St. (1)
 Vore, Robert E. General Hospital (7)
 Voyles, Charles F. (S) 715 Underwriters Bldg. (4)

W

Waite, Paul M. 5857 Village Plaza (19)
 Waldo, J. Thayer 610 Hume Mansur Bldg. (4)
 Walker, Frank C. (S) 414 Hume Mansur Bldg. (4)
 Walker, Jack Riley Hosp. (7)
 Walker, Robert K. 413 E. 34th St. (5)
 Walther, Joseph E. 3202 N. Meridian St. (8)
 Walton, William M. 900 Underwriters Bldg. (4)
 Ward, Joseph H. 435 Douglas (2)
 Ward, Wesley C. 116 E. 49th St. (5)
 Warfel, Frederick C. (S) 4817 Broadway (5)
 Warman, Alvah P. 1363 E. Maple Rd. (5)
 Warriner, James B. 1012 N. Emerson Ave. (19)
 Warvel, John H. 614 Hume Mansur Bldg. (4)
 Waymire, Elbert S. 1827½ College Ave. (2)
 Wehrman, Jule O. (S) 410 N. Meridian St. (4)
 Weigand, Clayton G. Eli Lilly & Co.,

740 S. Alabama St. (6)
 Weil, Harry J. (S) 2040 E. Michigan St. (1)
 Weinland, George C. Larue D. Carter Hospital,

1315 W. 10th St. (7)
 Weinsoff, Beverly I. U. Medical Center (7)
 Weiss, Jason 4914 W. 16th St. (24)
 Weller, Charles A. 3720 N. Delaware St. (5)
 Wells, James H. LaRue D. Carter Hosp.,

1315 W. 10th St. (7)
 West, Joseph L. 6220 W. Washington St. (21)
 Westfall, B. Kemper 2901 E. 38th St. (18)
 Westfall, John B. 1025 Hume Mansur Bldg. (4)
 Wheeler, David E.

VA Hospital, 1481 W. Tenth St. (7)
 White, Donald J. 502 Bankers Trust Bldg. (4)
 White, John B. 812 C. of C. Bldg. (4)

White, Philip T. I. U. Medical Center (7)
 Whitehead, John M. 1304 N. Delaware #409 (2)
 Wilkens, Irvin W. 1743 Shelby St. (3)
 Williams, Charles D. 2405 Station St. (1)
 Williams, Clifford L. Central State Hospital (22)
 Williams, Howard S. 115 E. 16th St. (2)
 Williams, Hugh L. 812 C. of C. Bldg. (4)
 Williams, Paul D. V. A. Regional Office,
 36 S. Pennsylvania St. (4)
 Wilmore, Ralph C. I. U. Medical Center (7)
 Wilson, Fred M. I. U. Medical Center (7)
 Wilson, Oliver R. 3440 N. Meridian St. (8)
 Wise, William R. 120 E. 22nd St. (2)
 Wishard, William N., Jr. 1711 N. Capitol Ave. (7)
 Wolfram, Don J. 208 Hume Mansur Bldg. (4)
 Wood, Donald E. 6235 Guilford Ave. (20)
 Wood, William H. 1800 E. Tenth St. (1)
 Woodard, Abram S. 668 E. Maple Rd. (5)
 Woolling, Kenneth R. 718 Hume Mansur Bldg. (4)
 Worley, Joseph P. 5839 E. Washington St. (19)
 Worley, Richard H. 5925 E. Washington St. (19)
 Wrege, Malcolm L. 1502 N. Emerson Ave. (19)
 Wright, J. William, Jr. 301 Hume Mansur Bldg. (4)
 Wright, J. William 301 Hume Mansur Bldg. (4)
 Wytenbach, John E. 503 Hume Mansur Bldg. (4)

Y

Yacko, Michael L. I. U. Medical Center (7)
 Young, James W. 6302 Guilford Ave. (20)
 Young, John E. 812 C. of C. Bldg. (4)
 Young, John M. 3209 N. Meridian St. (8)

Z

Zerfas, Charles P. A. 2605 Shelby St. (3)
 Zerfas, Phyllis K. 2605 Shelby St. (3)

Fosgate, Harold L. Lawrence
 Lewis, Robert J. Lawrence
 Asher, Ernest O. New Augusta
 Asher, James W. New Augusta
 Thrasher, John R. (S)

R. R. 1, Box 362, New Augusta

Miller, Joseph A. Oaklandon
 Paynter, Morris B. Southport
 Jones, George L. Wanamaker

Alig, Vincent B., Winter
 VA Hospital, Topeka, Kan.

Boyd, Harry R.
 1847 Lincoln St., #18, Denver, Colo.

Bakemeier, Robert E.
 W. 2317 Second, Apt. 307, Spokane, Wash.

Ball, John R. Hartford Hospital, Hartford, Conn.
 Berton, William M. 2035 S. Horne St.,
 Oceanside, Calif.

Blackwell, Milforde 2500 USAF Hosp., Mitchell
 AFB, Hempstead, L. I., N. Y.

Bohner, Caryle B. Huasca, Hidalgo, Mex.

Bruetsch, Walter L. 727 Oak Park Lane,
 Monrovia, Calif.

Buell, Forrest R. 3911th USAF, APO 197, N. Y.

Carlin, James F.

N. J. State Hosp., Hammonton, N. J.

Clark, George A. Langley AFB, Hampton, Va.

Champion, John P. Blodgett Memorial Hospital,
 Grand Rapids, Mich.

Coleman, John H.

1421 Taylor N.W., Washington, D.C.

Davidson, Dale A. In Service

Dester, Herbert E. Jagdeeshpur Via Raipur,
 C. P. India

Dirks, Kenneth R. Letterman Army Hospital,
 San Francisco, Calif.

Finfrock, James D. VA Hospital, Fayetteville, Ark.

Fisher, Gerald 1120 Chester Ave., Cleveland 14, O.

Freeborn, Warren S., Jr.

150 5th Ave., New York 11, N. Y.

Gaddy, Nelson D. McGuire Field, Trenton, N. J.

Gillette, Edward P. Box 61, 5005th USAF Hosp.,
 APO 942, Seattle, Wash.

Graf, John E. (S)
 6814 Beckwith, Morton Grove, Ill.

Harvey, Verne K.
 U. S. Civil Service Com., Washington 25, D. C.

Holt, Allen H.

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Jennings, F. Lamont Walter Reed Army Med.
 Center, Washington, D. C.

Jewett, Robert E.

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Katterjohn, James C. Walter Reed Army Hospital,
 Washington, D. C.

Kenoyer, Wilbur L.

6607 USAF Hosp., APO 23, N. Y.

Kottke, Bruce A. Pine Island, Minn.

Langdon, J. Ray

10064 S. E. Stark St., Portland, Ore.

Lovelace, Daniel D.

46 Cornelia St., Plattsburg, N. Y.

MacDonald, John A. (S) Interlaken, N. Y.

Modjeska, Gerald S.

Wesley Mem. Hosp., Chicago, Ill.

Murray, James S.

606 N. Roxbury, Beverly Hills, Calif.

Nelson, John W. 5th Gen. Hosp., APO 154, N. Y.

Norris, Mary Alice

c/o Col. J. F. Surratt, Hg. V Corps'

Arty, A.P.O. 175 New York

Osborne, Harry S. (S)

1107 Lime St., Leesburg, Fla.

Perucca, Leo G.

4319 Petaluma, Long Beach 8, Calif.

Porter, Dale University Hosp., Ann Arbor, Mich.

Robinson, Frank C.

290 W. Foothill Blvd., Arcadia, Calif.

Rogers, Thomas P.

U.S.N. Hosp., San Diego 33, Calif.

Rudolph, Stephen J., Jr.

Sch. Am. Class 56B Randolph AFB, Tex.

Salzman, Morris

Naval Air Station, Hutchinson, Kans.

Shoemaker, Richard L. 48 Knox, Bangor, Maine

Smith, Charles F.

U. S. Army Hosp., Ft. Devens, Mass.

Speckman, Glenn H.

847 E. E Ave., Coronado, Calif.

Stanley, John S.

470 N. E. 25th St., Miami 37, Fla.

Stubenauch, Gerald O.

6011 W. St. Paul Ave., Milwaukee 13, Wis.

Taube, Jack I.

Sch. of Aviation Med., Randolph Field, Tex.

Tinney, William E. (S)

P. O. Box 1186, Pass-A-Grille, Fla.

Trees, Carl A. 3310 Cowley Way, San Diego, Calif.

Tucker, Leonard C.

216 W. 18th St., Wilmington, Del.

Tucker, Robert L.

705 14th St., N. E., Rochester, Minn.

Zell, Evertson H. McDill Field, Tampa, Fla.

Ziperman, H. Haskell

Brooke Army Med. Center, Ft. Sam Houston, Tex.

MARSHALL COUNTY

Kelly, Frank (S) Argos

Connell, Vactor O. Bourbon

Marshall, George L. (S) Bourbon

Bowen, Otis R. Bremen

Burket, Cecil R. Bremen

Cripe, Earl P. Bremen

Schreiner, John E. Bremen

Stine, Marshall E. Bremen

Baker, Milan D. Culver

Reed, Donald Culver

Tharp, John D. Culver

Plymouth

Connell, Paul S. 320 N. Center St.

Danielson, Harry E., Jr. N. Walnut St.

Klingler, Maurice O. 213 W. LaPorte St.
 Kubley, James D. 304 N. Walnut St.
 Pomeroy, Rex K. 121 E. Garro St.
 Reed, Robert G., Jr. 109 N. Walnut St.
 Rimel, James F. 213 W. LaPorte St.
 Robertson, James S. 304 N. Walnut St.
 Vore, Louring W. 121 E. Garro St.

Thompson, Alfred A. (S) Tyner
 Reese, Lawrence W.
 Hq. Base, Com. 8460 D. U., Killeen, Tex.

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Shrock, Ethan E. Amboy
 Line, Homer E. (S) Chili
 Malott, Fred R. Converse
 Sennett, William K. Macy
 Rendel, Harold E. Mexico

Peru

Barnett, Ralph E. 65 N. Miami St.
 Berkebile, John B. 15 W. Sixth St.
 Burrous, Evert L. 27 W. Sixth St.
 Carlson, Edward A. (S) 11½ W. Main St.
 Damiana, Pasquale G. 11 W. Fifth St.
 Ferrara, Donald W. 18 W. Fifth St.
 Ferrara, Samuel J. 18 W. Fifth St.
 Herd, Cloyn R. 15 S. Wabash
 Johnson, Owen 269 E. Main St.
 Lewis, Leonard D. 25 Court St.
 Lynn, Frank M. (S) 258 Main St.
 Malouf, Stephen D. 53 S. Broadway
 Wildman, Roscoe E. 27 W. Sixth St.
 Yarling, John E. (S) 15 S. Wabash

Hill, Lloyd. USAD, White Sand Pr. Grds., N. Mex.

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville

Alexander, Stephen J. 306 Ben Hur Bldg.
 Ball, Thomas Z. (S) 401 S. Washington St.
 Burks, Jess E. 411 Ben Hur Bldg.
 Cooksey, Thomas L. (S) 109½ S. Washington St.
 Cornell, Robert A. 219 Ben Hur Bldg.
 Daugherty, Fred N. 120 W. Pike St.
 Dodds, Wemple Culver Hospital
 Eggers, Richard 120 W. Pike St.
 Haller, Thomas C. 411 Tinsley Ave.
 Humphreys, John W. 312 Jones Ave.
 Kinnaman, Howard A. 206 Ben Hur Bldg.
 Kirtley, James M. 416 Ben Hur Bldg.
 Lingeman, Byron N. 419 Ben Hur Bldg.
 Millis, Robert J. 408 S. Grant Ave.
 Mount, William M. 413 Ben Hur Bldg.
 Peacock, Norman F. 219 Ben Hur Bldg.
 Pierson, Robert H. 305 E. Main St.
 Shannon, Wesley 901 Cottage Ave.
 Sharp, John L. 219 Ben Hur Bldg.
 Wallace, Hawthorne C. 411 Tinsley Ave.

Otten, Ralph E. Darlington
 Blix, Fred M. Ladoga
 Denny, Frank T. Ladoga
 Wong, Norman F. Linden
 Davis, William H. New Market
 Kindell, Hurschell D. New Richmond
 Johnson, Frank D. Waynetown
 Parker, Carl B. Wingate

MORGAN COUNTY

Martinsville

Alexander, Percy M. Martinsville Sanitarium
 Eisenberg, David A. 310 N. Main St.
 Gibbs, Joseph W. Home Lawn Sanitarium
 Gray, Leon. 171 E. Washington St.

Miller, Ray D. 290 E. Washington St.
 Pitkin, Edward M. 195 E. Washington St.
 Pitkin, McKendree C. 440 E. Washington St.
 Van Wienen, John 60 W. Morgan
 Willan, Horace R. 109 S. Jefferson St.

Murphy, Maurice G. Morgantown
 Mooresville

Bivin, James H. 130 N. Indiana
 Comer, Kenneth E. 130 N. Indiana
 Karpel, Bernard Medical Arts Bldg.
 Van Bokkelen, Robert W. Medical Arts Bldg.

Farr, James C. Paragon

NEWTON COUNTY

(See Jasper-Newton)

NOBLE COUNTY

Bowman, Charles M. Albion
 Nash, Justin R. Albion
 Mattmiller, Everette D. Avilla
 Sneary, Kenneth D. Avilla
 Veazey, William M. (S) Avilla

Kendallville

Bryan, Robert E. 129 E. Main St.
 Goodwin, Columbus B. (S) Kendallville
 Gutstein, Richard R. 120 Diamond
 Hepner, Herman 101½ N. Main St.
 Lawson, Isaac H. 125½ S. Main St.
 Messer, Frank W. 115 E. Rush St.
 Munk, Cleorie E. 236 S. Grant St.
 Slough, O. Thomas 112 W. Mitchell
 Stallman, Carl F. 104½ N. Main St.
 Williams, Harold O. 115 E. Rush St.
 Young, Simon J. (S) 109 S. State St.

Ligonier

Stultz, Quentin F. 401 S. Cavin St.
 Webster, Paul L. 321 S. Cavin St.

Fipp, August L. Rome City
 Pulskamp, Bertrand H. Wolcottville
 Hurt, Walter L. Wolf Lake
 Luckey, Harold A. Wolf Lake
 Luckey, Robert C. Wolf Lake
 Roth, James R. Wolf Lake

Switzer, Robert E.
 U. S. Naval Hospital, Portsmouth, Va.

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Keseric, Nicholas E. French Lick Springs
 Sugarman, Benjamin E. French Lick Springs
 Baker, Robert E. (S) Orleans
 Hodgins, Philip T. Orleans
 Schoolfield, William E. Orleans
 Clark, Ivan A. Paoli
 Hammond, Keith Paoli
 Spears, John K. Paoli
 Miller, Henderson L. (S) West Baden Springs

OWEN-MONROE COUNTIES

Bloomington

Baxter, Neal E. 306 E. Fifth St.
 Bidney, Evelyn B. 321 S. Jordan Ave.
 Borland, Raymond M. R. R. 3
 Buckingham, Richard E. 344 College Ave.
 Creek, Jean A. 312 N. Walnut St.
 Estes, Ambrose C. 300½ E. Fifth St.
 Fowler, Richard R. 104 N. Grant
 Geiger, Dillon D. 300 E. Kirkwood
 Hardtke, Eldred F. Indiana University
 Hepner, Herman S. 312 N. Walnut St.
 Hill, Robert P. 106 W. 7th St.
 Holland, Deward J. (S) 313 N. College Ave.
 Holland, Philip T. 108 W. 7th St.
 Holtzman, Paul W. 615 N. College

Karsell, William A. 306 E. Kirkwood
 Link, William C. 110 E. Fourth St.
 Lundblad, Wilfred M. Indiana University
 Lyons, Robert E. 321 E. Fifth St.
 Marchant, Clarence H. 350 S. College Ave.
 McIntire, Clarence B. Bloomington Hospital
 McLelland, Mary Rhamy R. R. 2
 Middleton, Thomas O. 404 E. Seventh St.
 Owen, Abraham M. 200 S. Washington St.
 Owen, Margaret A. 200 S. Washington St.
 Pizzo, Anthony Bloomington Hospital
 Poolitson, George C. 407 N. Walnut St.
 Quarles, E. Bryan Indiana University
 Ramsey, Hugh S. 307 E. Fifth St.
 Reed, William C. 307 E. Fifth St.
 Rieger, I. Taylor 102 N. Grant St.
 Rogers, Otto F., Jr. 210 N. Washington St.
 Rollins, Thomas K. 114 E. Seventh St.
 Ross, Ben R. 314 E. Seventh St.
 Schell, Harry D. 114 E. Fourth St.
 Schuman, Edith B. Indiana University
 Sibbitt, Joseph W. 300 E. Fifth St.
 Smith, Herschel S. 110 S. Lincoln
 Smith, Paul E. 812 N. College Ave.
 Smith, Rodney D. (S) 115 N. Washington St.
 Spencer, Beaufort A. 114 N. Lincoln
 Stangle, William J. 640 S. Rogers
 Topolugus, James N. 403 N. Walnut St.
 Wellpott, Jean F. Indiana University
 Wilson, Talmage L. 301 E. Kirkwood
 Winters, Matthew 407 N. Park

Stouder, Charles E. Ellettsville
 Mitchell, George L. Smithville
 Blackwell, Donald Spencer
 Brown, Marcel S. Spencer
 Greene, Claude D. Spencer
 Kay, Oran E. Spencer
 Smith, Frederick R. Spencer

PARKE-VERMILLION COUNTIES

Greene, Frederick G. Bloomingdale

Clinton

Casebeer, Paul B. 255½ S. Main St.
 Evans, Frederick J. 242 S. Third St.
 Gerrish, Wakefield D. (S) Clinton
 Herzberg, Milton 222 Elm St.
 Kercheval, John M. 220 Blackman
 Pickett, Paul 223 Elm St.
 White, Isaac D. (S) 125 S. 3rd St.

Lauer, Dorothy B. Dana
 Britton, Welbon D. Montezuma
 De Renne, William L. Newport
 Johnson, William A. Perrysville

Rockville

Bloomer, Joseph R. (S) 115 N. Market St.
 Bloomer, Richard S. 115 N. Market St.
 Dowell, Emil H. Ohio St.
 Harstad, Casper 216 W. High St.
 Merrell, Basil M. 110 E. York St.
 McGilvray, Eva R. T. Indiana State Sanitarium
 Pace, Jerome V. Indiana State Sanitarium
 Pirkle, Hubert B. Indiana State Sanitarium

White, Chester S. (S) Rosedale
 Keith, Freeman E. (S) St. Bernice

Staff, Robert A. 1049 Jackson Pike, Columbus, O.

PERRY COUNTY

Bush, Hargis R. Cannelton

Tell City

Coultas, Porter J. 801 Main St.
 Dome, Hardin S. (S) 704 Ninth St.
 Dukes, David 521 Main St.
 Glenn, Fred C. 436 Main St.

Herr, John W. Tell City
 James, John M. 746 Ninth St.
 James, Nicholas A. 746 Ninth St.
 Lohoff, Lewis C. 507 Main St.
 Neifert, Noel L. 507 Main St.
 Smith, Fred, Jr. 507 Main St.

Snyder, Earl R. (S) Troy

PIKE COUNTY

Petersburg

Dickinson, Gordon A. 1101 Main St.
 Higgins, James L. Main St.
 Logan, Austin R. (S) 1002 E. Main St.
 Omstead, Milton 110 S. Sixth St.

DeTar, George B. (S) Winslow

PORTER COUNTY

Chesterton

Ashmore, Herbert C. 139 Calumet Rd.
 Dale, Joseph W. 422 Lincoln Ave.
 Griffin, Joseph P. 139 Calumet Rd.
 Hall, Thomas C. 621 Broadway
 Harless, Clarence M. 123 Indiana Ave.
 Robertson, William C. Chesterton

Cohen, Ellen K. Hebron
 Cohen, Hyman L. Hebron
 Kleinman, Francis J. Hebron

Valparaiso

Brown, James C. 101 Lincolnway
 Davis, Carl M. 202 Indiana Ave.
 DeGrazia, Eugene J. 810 LaPorte Ave.
 DeWitt, Charles H. (S) 836 LaPorte Ave.
 Dittmer, Jack E. 23 Lincolnway
 Dittmer, Thomas L. 23 Lincolnway
 Douglas, George R. (S) 23 Lincolnway
 Eades, Ralph C. 6 Napoleon St.
 Frank, John R. 23 Lincolnway
 Green, Leonard J. 8 N. Garfield
 LaRocca, Joseph 402 E. Erie
 Makovsky, Theodore 808 Lincolnway
 Maternowski, Chester J. 808 Lincolnway
 Miller, Ebbo H. 608 Union St.
 Milroy, Robert A. 814 LaPorte Ave.
 O'Neill, Martin 810 LaPorte Ave.
 Stoltz, Robert M. 501 Lincolnway
 Van Winkle, Arthur J. 22 Franklin St.
 Vietzke, Paul C. F. 60 Jefferson St.

Gordon, Joseph L. Wheeler
 Adair, Fred L. (H) P. O. Box 158, Maitland, Fla.
 Read, John E.

6th Air Rescue Grp., APO 862, New York

POSEY COUNTY

Ropp, Harold E. New Harmony
 Boren, Paul Poseyville
 Boren, Samuel W. (S) Poseyville
 Boyle, Carroll Poseyville
 Woods, Arba L. Poseyville

Mount Vernon

Challman, William B. 431 W. Third St.
 Crist, John R. 114 W. Second St.
 Hirsch, Herman L. 126 W. Fifth St.
 Oliphant, Frank W. 701 Mulberry St.
 Utley, Marvin D. R. R. 3
 Vogel, L. John 131 W. Third St.
 Williams, Frederic N. P. O. Box 467

PULASKI COUNTY

Dublin, Madeline P. Francesville
 Ives, Raymond J. Francesville

Winamac

Carneal, Thomas E. 111 N. Monticello
 Halleck, Harold J. Winamac

Hollenberg, Edward L. 417 N. Market St.
 Karns, John D. 417 N. Market St.
 Thompson, William R. 111 N. Monticello

PUTNAM COUNTY

Veach, Lester W. Bainbridge
 Veach, Richard L. Bainbridge
 Gray, Clyde C. (S) Cloverdale

Greencastle

Dettloff, Frederick Alamo Bldg.
 Dobbins, Thomas Box 76
 Dobbs, Otto R. 209 Seminary St.
 Fuson, Wenfred J. Alamo Bldg.
 Johnson, James B. 105 E. Washington St.
 Nichols, Anne Sackett 707 E. Seminary St.
 Rhea, Gilbert D. 126 E. Washington St.
 Schauwecker, Cleon M. Hillsdale Ave.
 Steele, Dick J. Alamo Bldg.
 Tennis, George T. Alamo Bldg.
 Tipton, William R. 110 S. Vine St.
 Wiseman, V. Earle 239 Hillsdale Ave.

Richards, Edgar E. Russellville

RANDOLPH COUNTY

Nixon, Byron Farmland
 White, Harvey E. Farmland
 Harmon, Wayne Lynn
 Jordan, Leo E. Lynn
 Martin, Charles E. Lynn
 Slick, Crystal R. Lynn
 Shallenberger, Henry R. Modoc
 Hinchman, Jean F. Parker
 Potter, Richard M. Ridgeville

Union City

Chambers, Leroy B. 305 N. Union
 Matheus, Charles 309 W. Oak St.
 Phipps, Leland K. 227 W. Oak St.
 Reid, Robert W. 706 W. Division St.
 Rothermel, Harold 334 Oak St.
 Ruby, Fred McK. (S) 235 W. Pearl St.
 Wagoner, B. D. 232 W. Oak St.

Winchester

Brenner, Andrew M. 327 E. Franklin St.
 Dininger, William S. 102 E. South St.
 Engle, Russell B. 210 S. Main St.
 Hannah, Charles W. 103 S. East St.
 Koch, Howard W. 103 S. East St.
 Painter, Lowell W. 124 E. Franklin St.
 Robison, John S. 111½ S. Main St.
 Sparks, Paul W. 214 S. Main St.

RIPLEY COUNTY

Erxleben, Walter O. Batesville
 Freeland, Bill Batesville
 Hisrich, Lloyd W. Batesville
 Conrad, Henry W. Milan
 Hunter, Lowell G. Milan
 Warn, William J. Milan
 Lippoldt, Charles L. Oldenburg
 Row, George S. Osgood
 Smith, R. Lee Osgood
 McConnell, William C. Sunman
 Fletcher, Charles F. (S) Sunman
 Hopkins, Lester H. Versailles
 Moran, Noel D. Versailles

RUSH COUNTY

McNabb, George B. Carthage
 Sheets, Charles E. Manilla
 Worth, C. Willard Milroy

Rushville

Atkins, Clarence C. 225 N. Morgan St.
 Corpe, Kenneth F. R. R. No. 4
 Dean, Donald I. 310 E. Fifth St.
 Denny, Melvin H. 127 W. Third St.

Ellis, Davis W. 229 N. Morgan St.
 Green, Frank H. 134 E. Second St.
 Johnson, Robert B. 841 N. Harrison
 Kennedy, Robert O. (S) 118 W. Third St.
 McKee, Harry G. 335 N. Main St.
 Norris, Marvin G. 134 E. Second St.
 Nutter, Wyndham H. 1003 N. Morgan

DeHaven, Harry E. Pleasantville, N. Y.

ST. JOSEPH COUNTY

Houser, D. Stanley Lakeville
 How, John T. (S) Lakeville
 Smith, Lee Lakeville

Mishawaka

Backs, Mark F. 113 S. Church St.
 Barone, Carmelo V. 312 Lincolnway W.
 Bassler, Carl R. 102 Lincolnway W.
 Christophel, Verna 109 W. Third St.
 Duvall, William N. (S) 714 N. Mason St.
 Farner, James E. 114 Lincolnway E.
 Fujawa, Matthew J. 721 Lincolnway E.
 Ganser, Richard A. 1020 Wilson Blvd.
 Goethals, Charles J. 602 Lincolnway W.
 Mahank, Camiel C. 223 S. Spring St.
 Martin, Charles F. 322 S. Mill St.
 Orr, W. Robert 124 S. Race St.
 Reed, Robert F. 316 Lincolnway E.
 Rosenwasser, Jacob 228 Lincolnway E.
 Sirlin, Edward M. 109 S. Church St.
 Spalding, Wendell L. 427 Lincolnway E.
 Templeton, Ames R. 522 Calhoun St.
 Van Rie, Leo P. 116 S. West St.
 Walters, Charles E. 319 S. Spring St.
 Ward, James W. 316 Lincolnway E.
 Whitlock, Francis C. 110 N. Race St.
 Whitlock, Merle E. 123 W. Fourth St.
 Wixted, John F. 314 Lincolnway E.
 Wixted, Julia F. 314 Lincolnway E.
 Wurster, Herbert C. 221 E. Third St.
 Wygant, Marion D. 313 W. Fourth St.
 Wyland, Byron J. 116½ W. Third St.
 Zimmer, Henry J. 119½ Lincolnway W.

Luzadder, John E. New Carlisle
 Hardy, John J. North Liberty
 Warrick, Homer L. Osceola

South Bend

A

Abel, Joseph A. 1222 Western Ave.
 Acker, Robert B. 418 Sherland Bldg.
 Arisman, Ralph K. 609 Odd Fellows Bldg.

B

Backs, Alton J. 1401 Lincolnway W.
 Baran, Charles 404 Sherland Bldg.
 Bechtold, Samuel E. 730 J. M. S. Bldg.
 Bell, Horace D. 420 N. Hill St.
 Bennett, Jene R. 531 N. Main St.
 Berke, Robert D. 102 E. Colfax Ave.
 Biasini, Benedict A. 403 Dixie Way North
 Bickel, David A. 515 Odd Fellows Bldg.
 Birmingham, Peter J. 426 Sherland Bldg.
 Bishop, Charles A. 122 N. Lafayette Blvd.
 Bixler, Louis C. 615 Sherland Bldg.
 Blackburn, Erwin 508 Sherland Bldg.
 Bodnar, Leslie M. 525 N. Michigan
 Borough, Lester D. 710 J. M. S. Bldg.
 Brechtel, Harvey J. 728 W. Colfax Ave.
 Bryan, Robert J. 1002 Lincolnway W.
 Buchanan, Wallace D. 825 Sherland Bldg.
 Buechner, Frederick W. 116 N. Main St.
 Bussard, Clifford F. 202 Whitcomb-Keller Bldg.
 Bussard, Frank 202 Whitcomb-Keller Bldg.
 Butts, Milton A. 118 N. Walnut St.

C

Carter, F. R. Nicholas 605 Sherland Bldg.
 Cassidy, James V. 921 Lincolnway E.

Chamblee, Roland W. 1018 W. Washington Ave.
 Clark, Stanley A. (S) 1242 E. Jefferson St.
 Clark, William H. 520 Sherland Bldg.
 Colip, George D. 514 Sherland Bldg.
 Colosey, Frederick J. 3121 Mishawaka Ave.
 Condit, David H. 122 N. Lafayette Blvd.
 Cook, Gordon C. 122 N. Lafayette Blvd.
 Cooper, Harry L. 410 Sherland Bldg.
 Crow, Earl. Healthwin Hospital
 Crowley, Joseph B. Notre Dame Univ.
 Culbertson, Carl S. 531 N. Main St.
 Custer, Edward W. Healthwin Sanitarium

D

Denham, Robert H. 614 Sherland Bldg.
 Dietl, Ernest L. 820 Sherland Bldg.
 Dodd, Robert D. 2311 Miami St.
 Dolezal, Bernard J. 316 J. M. S. Bldg.
 Donnelly, Everett F. 530 W. Indiana Ave.
 Duggan, James A. 110 Peashway
 Dunlap, D. Logan. 621 J. M. S. Bldg.

E

Ebin, Judah L. 816 Odd Fellows Bldg.
 Edwards, Bernard E. 704 N. Main St.
 Egan, Sherman. 301 Sherland Bldg.
 Ellison, Alfred. 826 Sherland Bldg.
 English, John P. 122 N. Lafayette Blvd.
 Ericksen, Lester G. 615 Sherland Bldg.
 Erickson, Gustaf W. 122 N. Lafayette Blvd.

F

Faltin, Ladislaus. 609 Odd Fellows Bldg.
 Feferman, Martin E. 510 Sherland Bldg.
 Feldman, Max. 1921 Miami St.
 Filipek, Walter J. 311 Odd Fellows Bldg.
 Firestein, Ben Z. 703 J. M. S. Bldg.
 Firestein, Ray. 416 Sherland Bldg.
 Fish, Clyde M. (S) 723 Sherland Bldg.
 Fish, Edson C. 728 Sherland Bldg.
 Fisher, Lawrence F. 825 Sherland Bldg.
 Frank, Herbert. 3610 Western Ave.
 Frank, Lyall L. 224 W. Navarre
 Frash, DeVon W. 308 J. M. S. Bldg.
 Frey, William B. 316 N. Ironwood Dr.
 Friedman, Morris S. 315 Sherland Bldg.
 Frith, Louis G. 521 W. Washington Ave.

G

Gates, George E. 122 N. Lafayette Blvd.
 Gilman, Marcus M. 403 Odd Fellows Bldg.
 Godersky, George E. 512 Odd Fellows Bldg.
 Graf, John P. 401 N. Notre Dame Ave.
 Green, George F. 822 Sherland Bldg.
 Green, Norval E. 704 N. Main St.
 Grillo, Donald. 530 Sherland Bldg.
 Grorud, Alton C. 122 Lafayette Blvd.

H

Haley, Paul E. 401 Sherland Bldg.
 Hall, James M. 230 Sherland Bldg.
 Hamilton, Charles O. 602 N. Michigan
 Harmon, Vachelle E. 302 Sherland Bldg.
 Haugseth, Ellsworth K. 122 Lafayette Blvd.
 Helmen, Harry W. 120 Franklin Place
 Helmer, John F. 826 Sherland Bldg.
 Hilbert, John W. 410 W. Washington Ave.
 Hildebrand, John O. 1307 E. Ewing Ave.
 Hill, Theodore A. 527 W. Colfax Ave.
 Hillman, Marion W. 206 E. Bartlett St.
 Hillman, William H. (S) 1317 Marquette Blvd.
 Hoffman, Robert V. 1530 E. Jefferson Blvd.
 Holdeman, Lillian S. 404 N. Lafayette Blvd.
 Holdeman, Richard W. 404 N. Lafayette Blvd.
 Holtzman, Norman N. 3123 S. Michigan
 How, Louis E. 6101 S. Michigan
 Hyde, Carroll C. 122 N. Lafayette Blvd.

J-K

Johns, Nicholas C. 718 Sherland Bldg.
 Kamm, Bernard A. 526 Sherland Bldg.
 Karn, John W. 728 Sherland Bldg.

Knapp, Arthur L. (S) 2215 Mishawaka Ave.
 Knode, Kenneth T. 729 Sherland Bldg.
 Kramer, Albert A. (S) 1521 Miami
 Krueger, John E. 728 Sherland Bldg.
 Kuhn, Frederick L. 1215 S. Michigan

L

Lamb, J. Leonard. 730 J. M. S. Bldg.
 Lane, William H. 418 N. Main St.
 Lang, Joseph E. 318 Sherland Bldg.
 Levantin, Bernard I. 711 Odd Fellows Bldg.
 Levkoff, Abner H. 729 Sherland Bldg.
 Lionberger, John R. 615 Sherland Bldg.
 Liss, Emanuel C. 317 Odd Fellows Bldg.
 Lockhart, Philip B. 825 Sherland Bldg.
 Lyons, Robert C. 531 N. Main St.

M

Mason, Bernard A. 122 N. Lafayette Blvd.
 McCraley, William J. 406 Sherland Bldg.
 McDonald, Ralph M. 502 J. M. S. Bldg.
 McFarland, Corley B. 122 N. Lafayette Blvd.
 McKenna, Henry J. 1615 E. Wayne St.
 Metcalfe, Grant E. 319 Odd Fellows Bldg.
 Mikesch, William H. (S) 816 Sherland Bldg.
 Miller, Milo K. 122 N. Lafayette Blvd.
 Mott, Cassell A. 1301½ W. Washington St.
 Mueller, Hilbert M. 122 N. Lafayette Blvd.
 Murphy, Eugene C. 122 N. Lafayette Blvd.
 Murphy, Josephine F. 625 J. M. S. Bldg.

N-O

Nelson, F. Dale. 704 N. Main St.
 Nelson, Raymond E. 206 E. Bartlett St.
 Olson, Kenneth L. 615 Sherland Bldg.

P

Parshall, Dale B. 615 Sherland Bldg.
 Parsons, Robert L. 424 Odd Fellows Bldg.
 Pauszek, Thomas B. 726 W. Washington St.
 Peltier, Hubert C. 316 N. Ironwood Dr.
 Petrass, Andrew. 516 Sherland Bldg.
 Phelps, Stephen R. 818 Sherland Bldg.
 Plain, George. 122 N. Lafayette Blvd.
 Proudfit, Charles H. 525 Odd Fellows Bldg.
 Pyle, Harold D. 518 Sherland Bldg.

R

Rasmussen, Ruth F. 122 N. Lafayette Blvd.
 Rigley, Edward L. 408 Sherland Bldg.
 Rodin, Herman H. 103 E. Jefferson St.
 Rosenheimer, George M. 418 N. Michigan St.
 Rubens, Eli. 408 Odd Fellows Bldg.
 Rudolph, Carl J. 110 W. Bartlett St.

S

Sanderson, Robert B. 730 Sherland Bldg.
 Sandock, Isadore. 402 Sherland Bldg.
 Sandock, Louis F. 428 Sherland Bldg.
 Sandoz, Harry H. 612 Odd Fellows Bldg.
 Savery, Charles E. 230 Sherland Bldg.
 Schiller, Herbert A. 226 Sherland Bldg.
 Scott, Frank M. 122 N. Lafayette Blvd.
 Selby, Keith E. 407 Lincolnway W.
 Sellers, Francis M. 3209 Mishawaka Ave.
 Sensenich, Roscoe L. 203 J. M. S. Bldg.
 Sharp, Merle C. 122 N. Lafayette Blvd.
 Shelley, Edward S. 207 S. Taylor
 Shriner, Richard L. 319 Odd Fellows Bldg.
 Skillern, Penn G. 1002 Bldg. & Loan Tower
 Slominski, Harry H. 708 Odd Fellows Bldg.
 Spenner, Raymond W. 726 Sherland Bldg.
 Staunton, Henry A. 3023 Mishawaka Ave.
 Stiver, Daniel D. 822 Sherland Bldg.
 Stogdill, William J. 525 Sherland Bldg.
 Stratigos, Joseph S. 2602 South Bend Ave.

T

Thompson, John M. 921 Lincolnway E.
 Thompson, Robert A. 913 S. Twyckenham Dr.
 Thornton, Maurice J. 825 Sherland Bldg.
 Tirman, Wallace S. 825 Sherland Bldg.
 Traver, Perry C. 1010 Riverside Dr.

V-W-X-Y-Z

Vagner, S. Bernard... 1303½ W. Washington Ave.
 Vurpillat, Francis J. 132 N. Lafayette Blvd.
 Walker, Edwin M., Jr. 3123 Mishawaka Ave.
 Wegner, William G. (S) ... 616 E. Washington Ave.
 Weiss, Eugene 2521 S. Michigan
 Wilhelm, Agatha M. 628 Sherland Bldg.
 Wilson, James M. 409 J. M. S. Bldg.
 Zeiger, Irvin 3123 Mishawaka Ave.

Linton, Charles D. Walkerton
 Skeen, Earl D. Walkerton
 Cline, Kenneth L. Wyatt

Bosenbury, Charles S. (S)
 3235 Riveria Dr., Coral Gables, Fla.
 Giordano, Alfred S. Siesta Key,
 R. R. 4, Box 33, Sarasota, Fla.

Joest, Charles O.
 5338 Camille St., Jacksonville, Fla.
 Krabill, Willard S. M.C.C. LeVieux, Moulin,
 Cete Belle Vue P.M.S. Salat Viet Nam
 Nassef, George J.
 4708 N. Poinsetta Ave., W. Palm Beach, Fla.
 Parmley, Walter E.
 856 S. Wilton Pl., Los Angeles 5, Calif.
 Potter, Thomas P., Jr.

Mem. Hosp., Johnson City, Tenn.
 Szokolay, Joseph P. 3212 Brier Cliff, Augusta, Ga.
 Walerko, Frank. 23 Alpine Ct., Staten Island, N. Y.

SCOTT COUNTY

Bogardus, Carl R. Austin
 McClain, Marvin L. Scottsburg
 Napper, Floyd S. Scottsburg

SHELBY COUNTY

Nigh, Rufus M. Fairland
 Davis, John A. Flat Rock
 Jean, Thomas A. Morristown
 Patten, Vernon C. (S) Morristown
 Shelbyville

Alden, John O. 103 W. Washington St.
 Barnum, Emerson 110 E. Hendricks St.
 Dalton, Wilson L. 117 W. Washington St.
 Gehres, Robert W. 15 S. Tompkins St.
 Inlow, Herbert H. 103 W. Washington St.
 Inlow, William D. 103 W. Washington St.
 Miller, Richard C. 17 Mechanic St.
 Richard, Norman F. 103 W. Washington St.
 Scott, V. Brown 103 W. Washington St.
 Silbert, David B. 17 S. Tompkins St.
 Spindler, Robert D. 165 W. Mechanic St.
 Tindall, Paul R. 20 N. Pike St.
 Tindall, William R. 505 S. Harrison St.
 Tower, James H., Jr. 117 W. Washington St.
 Whitcomb, Roger F. 302 Methodist Bldg.
 Younan, Thomas 19 W. Polk St.

Coulson, Sewell B. (S) Waldron

SPENCER COUNTY

Gailey, Ivan Chrisney
 Barrow, John H. Dale
 Medcalf, Norman L. Lamar
 Jolly, Wesley P. Richland
 Atchison, Kenneth C. Rockport
 Ehrman, Calder D. (S) Rockport
 Glackman, John C., Jr. Rockport
 Monar, Michael Rockport
 Ambrose, Kenneth E. U.S.P.H.S., Carville, La.

STARKE COUNTY

Leinbach, Earl Hamlet

Knox

DeNaut, James F. 4 N. Heaton St.
 Henry, Howard J. 107 S. Main St.
 Ingwell, Guy B. 201 S. Heaton St.
 Krsek, Archie J. R. R. 3, Box 81, c/o Lucas

McClure, Clark 107 S. Main St.
 Nichols, Thomas H. 107 S. Main St.

North Judson

Matthew, John R. 135 S. Lane St.

STEUBEN COUNTY

Angola

Artz, Richard W. 416 E. Maumee
 Barton, Robert 416 E. Maumee
 Cameron, Don F. 416 E. Maumee
 Cameron, Mary H. 416 E. Maumee
 Crum, Marion M. Beatty Bldg.
 Hartman, John J. Angola
 Kissinger, Knight L. Elmhurst Hospital
 Mason, Donald G. 416 E. Maumee
 Rausch, Norman W. 416 E. Maumee

Blosser, Blaine A. Fremont
 McCormack, Lloyd L. Fremont
 Alford, James A. Hamilton
 Schrepferman, Wayne Hamilton

SULLIVAN COUNTY

Brown, John S. Carlisle
 Whipps, Charles E. (S) Carlisle
 Dukes, Betty Dugger
 Dukes, Frederic M. Dugger
 Dukes, Joe E. Dugger
 Bethea, Robert O. Farmersburg
 O'Dell, Harry C. Farmersburg

Sullivan

Bedwell, Marion H. 16 N. Court St.
 Crowder, James H., Jr. Sullivan
 Higbee, Paul 4 E. Washington St.
 Maple, James B. (S) 117 W. Washington St.
 Parmenter, Harry B. 117 W. Washington St.
 Scott, Garland D. 117 W. Washington St.
 Scott, Irvin H. 117 W. Washington St.
 Taylor, John R. 105 N. Main, Palestine, Ill.

SWITZERLAND COUNTY

(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Lafayette

Ade, Charles H. 2211 South St.
 Ade, Mary Keller 2211 South St.
 Balkema, Catherine M. 3 N. 18th St.
 Bayley, William E. Home Hospital
 Bolin, Robert C. 308 N. Eighth St.
 Buhrmester, Harry C., Jr. 308 N. Eighth St.
 Burkle, John C. (S) 133 N. Fourth St.
 Burns, John T. 5 N. 25th St.
 Calvert, Raymond R. 314 N. Sixth St.
 Cole, Ira 2315 South St.
 Cox, Wayne T. 216 N. Fourth St.
 Coyner, Alfred B. 509 Lafayette Life Bldg.
 Davis, Howard B. 308 N. Eighth St.
 Dewey, George W. (S) 122 S. 28th St.
 Donahue, George R. 718 Lafayette Life Bldg.
 Dubois, Ramon B. 23 N. 25th St.
 Eaton, Marion J. 214 Lafayette Life Bldg.
 Engeler, James E. 308 N. Eighth St.
 Ferguson, William B. 2211 South St.
 Flack, Russell A. 217 N. Sixth St.
 Frasch, Mahlon G. Lafayette Life Bldg.
 Frey, Harley B. 405 Lafayette Life Bldg.
 Gery, Richard E. 308 N. Eighth St.
 Gripe, Richard P. 308 N. Eighth St.
 Harden, Murray E. 716 Lafayette Life Bldg.
 Harter, Eli B. 312 N. Eighth St.
 Herrold, George W. 20 N. 24th St.
 Holladay, Lloyd J. 411 Lafayette Life Bldg.
 Hughes, Richard R. 2216 South St.
 Hull, James E. 2211 South St.
 Hunsberger, Walter G. 308 N. Eighth St.

Hunter, Frank P. 617 Lafayette Life Bldg.
 Johnson, Herbert S. 312 N. Eighth St.
 Johnson, Lowell R. 2315 South St.
 Jones, David 24 N. 24th St.
 Karberg, Richard J. 420 Columbia St.
 Klatch, Ben Z. 2211 South St.
 Klepinger, Harry E. 824 Lafayette Life Bldg.
 Kohne, Robert W. 3010 Underwood
 Larson, John A. Wabash Valley Hosp.
 Laws, Kenneth F. 501 Lafayette Life Bldg.
 Levering, Guy P. (S) 2113 S. Eighth St.
 Loop, Floyd A. (S) 2211 South St.
 Loop, Frederick A. 2211 South St.
 McAdams, Hugh B. 2011 Kossuth St.
 McAdams, Robert 2011 Kossuth St.
 McClelland, Donald C. 312 N. Eighth St.
 McFadden, James M. 35 N. 25th St.
 McKinley, Joseph 312 Lafayette Life Bldg.
 McKinney, Daniel H. 814 Lafayette Life Bldg.
 Marsh, George W. 1405 N. 14th St.
 Marsh, William L. St. Elizabeth Hospital
 Marvel, Howard R. 308 N. 8th St.
 Mather, Charles R. 20 N. 24th St.
 Miller, Roland E. 1625 Kossuth St.
 Morrison, John S. (S) 422 N. Seventh St.
 Neumann, Kenneth O. 618 Lafayette Life Bldg.
 Pearlman, Samuel S. (S) 107 N. Sixth St.
 Peterson, Joel A. 609 Lafayette Life Bldg.
 Peyton, Frank W. 15 N. 25th St.
 Ratcliff, Frank W. 405 Lafayette Life Bldg.
 Rothrock, Philip W. 1625 Kossuth St.
 Ruschli, Edward B. 510 Lafayette Life Bldg.
 Sholty, William M. 405 Lafayette Life Bldg.
 Smith, Lowell C. 637 Ferry St.
 Stahl, Edward T. 308 N. Eighth St.
 Steele, Hugh H. 308 N. Eighth St.
 Strayer, Joseph W. 612 Lafayette Life Bldg.
 Trout, Carl J. 314 N. Sixth St.
 Tubbs, George R. (S) 2503 Main St.
 Van Buskirk, Edmund L. 308 N. Eighth St.
 Vermilya, Robert W. 405 Lafayette Life Bldg.
 Williams, Robert E. 631 Columbia
 Witham, Robert L. 405 Lafayette Life Bldg.

Mitchell, Edgar T. (S) Romney
 Babb, Forrest J. Stockwell

West Lafayette

Ash, Harold H. 200 South St.
 Bush, Jack A. 209 Northwestern Ave.
 Carroll, Bertha Rose Purdue University
 Combs, Loyal W. Purdue University
 Crockett, Franklin S. 424 Littleton St.
 Hummell, Paul 100 Sylvia
 Meikle, Louise J. 606 Terry Lane
 Rommel, Clarence H. 456 Northwestern
 Schmiedicke, Paul H. Purdue University

Wagoner, John R.
 2712 Nottingham, Houston, Tex.

TIPTON COUNTY

Belding, Ray T. Kempton
 Stouder, Albert E. Kempton
 Tranter, William F. Sharpsville

Tipton

Burkhardt, Boyd A. 202 S. West St.
 Carter, Jean V. 130 N. Main St.
 Compton, George 219 N. Independence
 Gossard, Meredith B. 120 W. Washington
 Kincaid, Raymond K. 202 S. West St.
 Kurtz, William A. 202 S. West St.
 Warne, George H. (S) 210 N. West St.

Ericson, Harold L. Windfall
 Moser, Elmer B. (S) Windfall

UNION COUNTY

(See Wayne-Union)

VANDEBURGH COUNTY

Evansville

A

Acre, Robert R. 706 Walnut St.
 Adler, Raymond N. 714 Second Ave.
 Alexander, John E. 609 Hulman Bldg.
 Anderson, Milton H. Evansville State Hospital
 Antonetti, John A. Deaconess Hospital
 Arendell, Robert E. 1623 Lincoln Ave.
 Austin, Eugene W. 103 N. Main St.

B

Baker, Herman M. 402 Hulman Bldg.
 Baker, Mason R. 957 S. Kentucky Ave.
 Ballas, William A. Deaconess Hospital
 Barclay, Irvin C. 114 S. E. Second St.
 Barnhart, Willard T. 701 Chestnut St.
 Baylor, Edward M. 501 E. Cherry St.
 Beck, Robert E. 600 Mary St.
 Begley, Joseph W., Jr. 314 S. E. Riverside Dr.
 Bender, Martin G. 912 Hulman Bldg.
 Bennett, Abner P. 412 S. E. Fourth St.
 Bissonnette, Roger P. 420 Cherry St.
 Boswell, Robert W. C. 2351 Division St.
 Boyd, Stella N. 502 Hulman Bldg.
 Britt, Robert 420 Cherry St.
 Brockmole, Arnold W. 201 S. E. Third
 Brown, James A., Jr. 605 E. Sixth St.
 Brown, Robert L. 1819 Washington Ave.
 Bryan, Stanton L. 607 Hulman Bldg.
 Buchholz, Ransom R. 420 Cherry St.
 Buehner, Donald F. 2104 Washington Ave.
 Burnikel, Ray H. 527 Sycamore St.

C

Cacia, John J. 609 Hulman Bldg.
 Caldwell, William C. 504 Old National Bank Bldg.
 Cheydleur, Eleanor P. 314 S. E. Riverside Dr.
 Clements, Albert F. 3315 Lincoln Ave.
 Clouse, Paul A. 613 S. Weinbach Ave.
 Cockrum, William M. 908 Hulman Bldg.
 Cole, William L. 10 N. Weinbach
 Coleman, Joseph E. 216 S. E. Riverside Dr.
 Combs, Herman T. 807 W. Indiana
 Combs, John H. 412 S. E. Fourth St.
 Combs, Pearl B. 4109 Lincoln
 Corcoran, Patrick J. V. 118 S. First St.
 Crawford, James H. 221 Chestnut St.
 Crevello, Albert J. Clearview Sanitarium
 Crimm, Paul D. Boehne Hospital
 Cullnane, Chris W. 2312 W. Franklin St.

D

Daves, William L. 608 Old National Bank Bldg.
 Davidson, Harold H. 420 Cherry St.
 Deems, Myers B. 314 S. E. Riverside Dr.
 Denzer, Edward K. 108 S. E. Second St.
 Denzer, William O. 108 S. E. Second St.
 Dieckman, Herbert S. 1012 Citizens Bank Bldg.
 Diefendorf, Charles F. (S) 2106B W. Franklin
 Dodd, Roberts K. 2605 Lincoln Ave.
 Drake, Dale W. St. Mary's Hospital
 Durkee, Melvin S. 403 Citizens Nat'l Bank Bldg.
 Dycus, Walter A. 319 N. St. Joseph Ave.
 Dyer, Wallace K. 221 Chestnut St.

E

Ehrich, William S. (S) .. Evansville State Hospital
 Eisterhold, John A. 314 S. E. Riverside Dr.
 Engel, Edgar L. 126 S. E. Seventh St.

F

Faith, Ira L. 725 S. E. Second St.
 Faul, Henry J. 815 Hulman Bldg.
 Faw, Melvin L. 420 Cherry St.
 Fenneman, Robert J. 219 Court St.
 Fickas, Dallas 619 Mary St.
 Fisher, William C. 413 First Ave.
 Fitz Gerald, Maurice D. 713 N. First Ave.
 Fritsch, Louis E. (S) 3018 W. Maryland St.

G

Garland, Edgar A..... 606 S. Weinbach
 Gaul, L. Edward..... 509 Hulman Bldg.
 Getty, William H..... 420 Cherry St.
 Giorgio, Douglas J..... 916 S. Burkhardt Rd.
 Griep, Arthur H..... 420 Cherry St.
 Guckien, Joseph L..... 609 Hulman Bldg.

H

Hamilton, Mary F..... P. O. Box 837
 Hammond, R. Case..... 701 Chestnut St.
 Hare, Daniel M..... 706 Walnut St.
 Hart, L. Paul..... 3700 Bellemeade Ave.
 Hartley, Clarence A., Jr..... 221 Chestnut St.
 Hartz, F. Minton..... 123 S. E. Second St.
 Heard, Albert..... 322 E. Cherry St.
 Heinrich, Weston A..... 314 S. E. Riverside Dr.
 Hendershot, Eugene L..... 412 S. E. Fourth St.
 Hermayer, Stephen..... 124 S. E. First St.
 Herrmann, Gordon T..... 3109 Oak St.
 Herzer, Clarence C..... 322 N. Fulton
 Hobbs, Arthur A..... 600 Mary St.
 Hoopes, Jane M..... 125 S. E. Second St.
 Hoover, J. Guy..... 309 Third & Main Bldg.
 Huggins, Victor S..... 703 Citizens Nat'l Bank Bldg.
 Hyatt, Gilbert T..... 1106 W. Franklin St.

J

Johnson, Gardner C. (S)..... 1412 Parkside Dr.
 Johnson, Stephen L..... 521 Sycamore St.

K

Kauffman, Harley M..... 219 Walnut St.
 Kessler, Robert B..... 1338 Division St.
 Keys, Lynn..... 420 Cherry St.
 Kleindorfer, Roscoe L..... 819 W. Franklin St.

L

Laubscher, Clarence..... 6621 Kratzville Rd.
 Lawrence, Joseph C..... 413 First Ave.
 Leibundguth, Henry..... 221 Chestnut St.
 Leich, Charles F..... 124 S. E. First St.
 Lindsey, Sherman B..... 420 Cherry St.
 Little, Robert C..... Mead Johnson and Co.
 Logan, Jesse R..... 419 Edgar St.
 Lynch, Harold D..... 216 S. E. Riverside Dr.

M

McCool, Joseph H..... 314 S. E. Riverside Dr.
 McDonald, Joseph D..... 517 Sycamore St.
 Macer, Clarence G..... 901 Hulman Bldg.
 MacKenzie, Pierce..... 126 S. E. Seventh St.
 Mason, Everett E..... 906 Hulman Bldg.
 Meyer, Keith T..... 118 S. E. First St.
 Miller, Laverne B..... 714 N. Main St.
 Miller, Milton..... 15 W. Franklin St.
 Miller, Minor..... 201 S. E. Third St.
 Miller, Robert J..... 1905 Division St.
 Mills, Fred E..... Deaconess Hospital
 Mino, Raymond W..... 723 Mary St.
 Mino, Robert A..... 723 Mary St.
 Moehlenkamp, Charles E..... 614 N. Governor St.
 Muelchi, Adeline F..... 518 Hulman Bldg.
 Murphy, Edward U..... 908 Hulman Bldg.

N

Nenneker, Henry (S)..... R. R. 9, Harmonyway
 Newman, Alvin E..... 912 Hulman Bldg.
 Niedermayer, Alfred J..... 960 Washington Ave.
 Nisenbaum, Harold..... 704 Hulman Bldg.
 Nonte, Leo R..... 1218 Lincoln Ave.

O

Oppenheimer, Ernst..... 103 S. E. Second St.
 Oswald, Robert H..... 126 S. E. Seventh St.

P

Pastor, Julius W..... 713 First Ave.
 Pollard, Walter S..... 115 S. E. Second St.

Porro, Francis W..... 713 First Ave.
 Present, Julian..... 113 S. E. Second St.
 Price, Shirley G..... 420 Cherry St.
 Pugh, Willis L..... 413 First Ave.

R

Ratliffe, Albert W..... 510 S. E. First St.
 Ravdin, Bernard D..... 712 Hulman Bldg.
 Rayl, Donald F..... 517 Sycamore St.
 Reich, Clarence E..... 1209 N. Fulton
 Reitz, Thomas F..... 700 N. Sixth St.
 Ringham, Jarrett..... 401 Chandler Ave.
 Rininger, Harold C..... 1359 Washington Ave.
 Ritchie, William D..... 555 Herndon Dr.
 Robinson, Earle U..... 615 Bellemeade
 Rosenblatt, Bernard B..... 709 Hulman Bldg.
 Rossow, Russell J..... 118 S. E. First St.
 Royster, George M..... 810 Citizens Nat'l Bank Bldg.
 Royster, Robert A..... 810 Citizens Nat'l Bank Bldg.
 Rusche, Henry J..... 313 W. Iowa
 Russell, Richard H..... 2309 E. Chandler Ave.

S

Schirmer, Robert H..... 1118 W. Franklin St.
 Schimmelpfennig, Robert J..... 1013 Parrett St.
 Schneider, Charles P..... 2211 W. Franklin St.
 Schriefer, Victor V..... 1120 N. Main St.
 Sinn, Charles M..... 402 Hulman Bldg.
 Slaughter, Howard C..... 908 Hulman Bldg.
 Slaughter, John C..... 3700 Bellemeade
 Slaughter, Owen L..... 118 S. E. First St.
 Snively, William D., Jr..... Mead Johnson and Co.
 Sprecher, Herman C..... 527 Sycamore St.
 Springstun, Walter R..... 601 Hulman Bldg.
 Steckler, Robert J..... 1400 Cass Ave.
 Steele, Paul W..... 1218B Lincoln Ave.
 Sterne, John H..... 221 Chestnut St.
 Stork, Urban..... 420 Cherry St.
 Strueh, Paul E..... 124 S. First St.
 Sweeney, Michael J..... Mead Johnson & Co.

T

Tager, Stephen N..... 219 Walnut St.
 Thompson, Naiad Mason..... 1825 Sweetzer
 Tilden, Margaret H..... 700 Mary St.
 Turner, Isabel B..... 302 N. Kelsay
 Tweedall, Daniel C..... 527 Sycamore St.
 Tweedall, Daniel G. (S)..... 2114 W. Franklin St.

U-V

Viehe, Robert W..... 207 S. E. First St.
 Visher, John W..... 805 Old National Bank Bldg.

W

Walter, Robert F..... 1514 S. Kentucky Ave.
 Warner, Charles L..... 420 Cherry St.
 Watson, James L..... 1158 Lincoln Ave.
 Weber, Edgar H..... 123 S. E. Second St.
 Weiss, Henry G..... 614 Hulman Bldg.
 Welborn, Mell B..... 420 Cherry St.
 Wilhelmus, C. Kenneth..... 115 S. E. Seventh St.
 Wilhelmus, Gilbert M..... 1028 Washington
 Wilhelmus, William M. (S)..... R. R. 7
 Willis, Charles F..... 1100 S. Bedford Ave.
 Willison, George W..... 118 S. E. First St.
 Wilson, David..... 517 Mary St.
 Wilson, John D..... 3700 Bellemeade
 Wilson, Ralph..... 517 Mary St.
 Woods, William P. (S)..... 5050 Lincoln Ave.
 Wynn, Justice F..... 906 Hulman Bldg.

X-Y-Z

Young, C. Curtis..... 126 S. E. Seventh St.
 Zimmerman, Harold..... 6 S. E. Second St.
 Ziss, Robert C..... 216 S. E. Riverside
 Zwickel, Ralph E..... 417 Third & Main Bldg.

Antes, Earl H..... 7021st SU AH, Ft. Belvoir, Va.
 Mahaffy, John H..... Stockbridge, Mass.

Ritz, Albert S. 4022 Elmwood, Louisville, Ky.
 Rutherford, Paul S.
 Borgess Hospital, Kalamazoo, Mich.
 Wyatt, Fred H. 901 Sherman St., Denver, Colo.

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B. New Goshen
 DuPuy, Charles M. (S) Riley
 McIntosh, Wilbert Riley
 Jett, Clyde W. Seelyville

Terre Haute

A

Alexander, Oliver O. 301 Rose Dispensary Bldg.
 Allen, Orris T. (S) 422 Rose Dispensary Bldg.
 Anderson, Walter C. 2235 Wabash Ave.
 Asbury, William D. (S) R. R. 1
 Ault, Roy 721 Wabash Ave.
 Aust, Charles H. 2006 Wabash Ave.

B

Baldrige, William O. 12 Points State Bank Bldg.
 Bannon, William G. 416 Rose Dispensary Bldg.
 Blum, Leon L. 210 Rose Dispensary Bldg.
 Bopp, Henry, Jr. 221 S. Sixth St.
 Bopp, James 236 S. 21st St.
 Boyd, H. Clark 221 S. Sixth St.
 Bradley, Stephen C. (S) 916 S. 25th St.
 Bronson, Paul J. 721 Wabash Ave.
 Brown, Robert R. 221 S. Sixth St.

C

CaJacob, Melville E. 1000 S. Sixth St.
 Caldwell, Milton V. 721 Wabash Ave.
 Cavins, Alexander W. 221 S. Sixth St.
 Combs, Charles N. 2516 N. Ninth St.
 Combs, Stuart R. 721 Wabash Ave.
 Congleton, George C. (S)
 308 Merchants National Bank Bldg.
 Conklin, James O. 500 Rose Dispensary Bldg.
 Conway, Thomas J. 221 S. Sixth St.
 Curry, Claude A. 506 Rose Dispensary Bldg.

D

Davis, Merle J. 221 S. Sixth St.
 Decker, Harvey B. 14 Rea Bldg.
 Denny, E. Rankin 221 S. Sixth St.
 Douglas, John J. 1606 N. Seventh St.
 Dyer, George W. 2235 Wabash Ave.

F

Forsyth, David H. (S) 714 S. Eighth St.
 Freed, John E., Jr. 414 Rose Dispensary Bldg.
 Freed, John E. 414 Rose Dispensary Bldg.
 Fuqua, Harold B. 1616 N. Ninth St.

G

Gerrish, Donald A. R. R. 7
 Gilbert, Ivan 509 Rose Dispensary Bldg.
 Goodman, Hubert T. 310 Opera House Bldg.
 Gossom, Donn R. Rose Dispensary Bldg.

H

Hamsher, John B. 500 Rose Dispensary Bldg.
 Harkness, Robert G. 301 Rose Dispensary Bldg.
 Haslem, Ezra R. 401 Rose Dispensary Bldg.
 Haslem, John R. 221 S. Sixth St.
 Hogan, Thomas W. 627 Cherry St.
 Hoover, Dewey A. 14½ N. Third St.
 Humphrey, Paul E. 500 Rose Dispensary Bldg.
 Hunt, Edgar J. R. R. 1

K

Kabel, Robert N. 721 Wabash Ave.
 Kinser, George H. P. O. Box 894
 Kriebel, William W. 221 S. Sixth St.
 Kunkler, Arnold W.
 312 Merchants Nat'l Bank Bldg.
 Kunkler, Joseph 408 Chestnut
 Kunkler, William C.
 212 Merchants Nat'l Bank Bldg.

L

LaBier, Clarence R. (S) 1630 Wabash Ave.
 LaBier, C. Russell 1630 Wabash Ave.
 Lancet, Robert O. 2101 Wabash Ave.
 Lee, James St. Anthony Hospital
 Loewenstein, Werner L. 1537 S. Seventh St.
 Luckett, Coen L. 211 Fairbanks Bldg.
 Lyons, L. Mason 123 S. 21st St.

M

McBride, Noel S. 407 Merchants Nat'l Bank Bldg.
 McCrea, Fred R. 416 Tribune Bldg.
 McEwen, James W. 670 Cherry St.
 McLaughlin, Gordon C. 608 Tribune Bldg.
 Mahoney, Charles L. 221 S. Sixth St.
 Malone, Leander A. 721 Wabash Ave.
 Mankin, William J. 2235 Wabash Ave.
 Mason, Lester M. 312 Merchants Nat'l Bank Bldg.
 Mattox, Don M. 1700 N. Seventh St.
 Meyn, Werner P. 221 S. Sixth St.
 Miklozek, John E. 1461 S. Seventh St.
 Milleson, Ann L. M. 826 S. Center St.
 Musselman, Glen G. R. R. 5, Box 191-C

N-O

Nay, Ernest O. 221 S. Sixth St.
 Neudorff, Louis G. 221 S. Sixth St.
 Oliphant, Robert W. 1603 S. 7th St.

P

Pearce, Roy V. 1440 S. 25th St.
 Pierce, Harold H. 627 Cherry St.

R

Reed, Robert C. 211 Fairbanks Bldg.
 Reynolds, Richard J. 901 S. 25th St.
 Richart, James V. 414 Rose Dispensary Bldg.
 Riggs, Floyd C. 2228 Wabash Ave.
 Rogers, Robert S. 26 N. Sixth St.
 Rubin, Milton M. 221 S. 19th St.

S

Sayers, Frank E. 436 Bluebird Dr.
 Scherb, Burton E. 104 N. Seventh St.
 Schott, Edward J. (S) 653 Oak St.
 Schumaker, Robert A. 211 Fairbanks Bldg.
 Selsam, Etta B. 203 Merchants Nat'l Bank Bldg.
 Shanklin, Vernon A. (S) 672½ Wabash Ave.
 Shapiro, Burton J. 924 N. 19th St.
 Showalter, John R. 1255½ Maple Ave.
 Siebenmorgen, Louis 1200 S. Eighth St.
 Siebenmorgen, Paul 1200 S. Eighth St.
 Silverman, Norman M. 1634 S. Seventh St.
 Sloss, Imit H. 1029 S. Seventh St.
 Smoots, Samuel A. (S) 1307 Maple Ave.
 Speas, Robert C. 721 Tribune Bldg.
 Spigler, James F. 152 S. 20th St.
 Stewart, Walter E. 721 Wabash Ave.
 Stoelting, J. Lewis 507 Rose Dispensary Bldg.
 Strecker, William L. 2250 Wabash Ave.
 Strong, Daniel S. (S) R. R. 7, Box 170
 Sullivan, John M. 1712 Franklin St.

T-U-V

Topping, Malachi C. 721 Wabash Ave.
 Utterback, Arnold R. R. 2, West Terre Haute
 Van Arsdall, Clarence R. 17 S. Ninth St.
 Voges, Edward C. 1402 Wabash Ave.

W

Weber, Joseph G. S. 723 Wabash Ave.
 Weinbaum, Jack G. 206 Rose Dispensary Bldg.
 White, James V. 721 Wabash Ave.
 Wiedemann, Frank E. (S) 222 Rose Dispensary Bldg.
 Wilkerson, Edward L. 6½ N. Fourth St.
 Wilson, Fred L. 1501 S. Third St.
 Wyeth, Charles (S) 1100 S. Seventh St.

X-Y-Z

Zwerner, Paul F. 12 Points State Bank Bldg.

Johnson, Paul D. Children's Hosp., Columbus, O.

WABASH COUNTY

Walker, James L. LaFontaine
 Kidd, James G. Roann
 Kidd, James G., Jr. Box 15, Roann

North Manchester

Balsbaugh, George 107 W. Seventh St.
 Brubaker, Ora G. (S) 111 N. Market St.
 Bunker, Ladoska Z. North Manchester
 Cook, Charles E. 114 W. Main St.
 Seward, George W. 111 E. Main St.
 Venable, George L. 106 W. Main St.
 Warvel, Joseph L. (S) North Manchester

Wabash

Black, Edgar K. 268 N. Miami St.
 Dannacher, William D. 284 N. Wabash
 Elward, Carl J. 1280 Columbus
 Hanneken, Vincent J. 86 N. Comstock
 LaSalle, Robert M. 55 W. Market St.
 Mills, John F. 24 E. Main St.
 Pearson, William E. 290 N. Wabash
 Steffen, Arthur J. 70 W. Hill
 Steffen, Julius T. 443 N. Wabash
 Stoops, Jean T. 280 N. Wabash
 Wall, Joseph A. New Bradley Bldg.
 Whisler, Frederick M. 10 W. Hill

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville

Dimmett, Robert P. 214 S. Second St.
 Hoover, Peter B. 223 W. Locust St.
 Rudolph, Kenneth J. 214 S. Second St.
 Samples, John T. (S) 422 E. Main St.
 Stover, Wendell C. 125½ S. Second St.
 Wilson, Paul E. 126 N. Third St.

Dutchman, William R. Chandler
 Gill, Bernard P. Chandler
 Rogers, Arthur R. Newburgh
 Wilhelmus, Charles M. (S) Newburgh
 Springstun, Charles E. Tennyson
 Purcell, Jack H. 4025 Springhill Rd., Louisville, Ky.

WASHINGTON COUNTY

Tower, Thomas K. Campbellsburg
 Paynter, William Pekin

Salem

Apple, Eddie R. 501 W. Market St.
 Episcopo, Arsenius R. 308 N. Main St.
 Fultz, Roy L. 307 W. Market St.
 Gilliatt, James P. 204 S. High St.
 Huckleberry, Irvin E. 502 W. Mulberry St.

WAYNE-UNION COUNTIES

Clark, Marion E. Cambridge City
 Hill, Paul G. Cambridge City
 Kenyon, Charles E. Cambridge City
 Barton, Willoughby M. Centerville
 Hutchison, Donald R. Fountain City
 Zimmerman, William H. Dublin
 Hollenberg, Alfred E. Hagerstown
 Marsh, Chester A. Hagerstown
 Miller, William A. Hagerstown

Liberty

Clarkson, Clarence G. 304 E. Union St.
 Lewis, James F. 28 E. Union St.
 McWilliams, William B. Liberty
 Thompson, Will A. (S) 106 S. Main St.

Denny, Edgar C. Milton

Richmond

Addleman, Robert H. Reid Memorial Hosp.
 Adney, Frank B. 215 Medical Arts Bldg.
 Ake, Loren 410 First National Bank Bldg.
 Allen, Hubert E. 21 S. Eighth St.
 Allen, Robert T. 36 S. Eighth St.
 Ballenger, William E. 309 Medical Arts Bldg.
 Blossom, Paul W. 825 S. A St.
 Bond, Charles S. (S) 112 N. 10th
 Brown, Richard J. 310 Colonial Bldg.
 Buche, Frederick P. (S) 106 S. Seventh St.
 Coble, Frank H. 51 S. Eighth St.
 Cook, Norman R. 426 Medical Arts Bldg.
 Cox, Leon T. 36 S. Eighth St.
 Daggy, James R. 35 S. Eighth St.
 Dingle, Paul E. 216 Medical Arts Bldg.
 Dreyer, Ralph W. 2 S. W. 17th St.
 Ebbinghouse, Tom 98 W. Main St.
 Ensey, Philip L. 512 W. Main St.
 Griffiths, Vierl C. 201 S. 23rd St.
 Guthrie, James R. 25 S. Eighth St.
 Hadley, Harvey (S) 627 S. 14th St.
 Hagie, Franklin E. 1110 S. A St.
 Harmon, Carl J. 407 Medical Arts Bldg.
 Herring, George N. Richmond State Hospital
 Hill, Gladys Marie 407 Medical Arts Bldg.
 Hill, Harold D. 412 Medical Arts Bldg.
 Hunt, Gayle J. Reid Memorial Hospital
 Johnson, George M. 403 Medical Arts Bldg.
 Johnson, Paul S. (S) 215 Medical Arts Bldg.
 Kaler, James Smith-Esteb Hospital
 Kime, Charles E. 810 S. A St.
 Klepfer, Jefferson Richmond State Hospital
 Krueger, Frederick W. (S) 45 S. Seventh St.
 Laird, Leslie A. Richmond State Hospital
 Lee, Glen Ward 139 Medical Arts Bldg.
 Ling, John F. 130 Medical Arts Bldg.
 Logan, James Z. 303 Second National Bank Bldg.
 Loomis, Charles H. 310 Medical Arts Bldg.
 McIlroy, Richard J. Richmond State Hospital
 Mader, John H. 2000 E. Main St.
 Malcolm, Russell 127 Medical Arts Bldg.
 Meredith, Elwood J. 203 Medical Arts Bldg.
 Millis, Arthur B. Wayne Bldg.
 Passino, James Reid Memorial Hospital
 Ramsdell, Glen A. 1020 Peacock
 Ross, Harry P. 410 Second National Bank Bldg.
 Ross, James S. 321 S. 14th St.
 Runge, Paul W. 1426 E. Main St.
 Sage, Charles V. 48 S. 11th St.
 Sherer, Kenneth E. 422 Medical Arts Bldg.
 Shields, Tom S. 47 S. 11th St.
 Smith, John R. 510 S. A St.
 Snyder, Morris C. 130 Medical Arts Bldg.
 Stamper, Lucian A. 402 Medical Arts Bldg.
 Stepleton, John D. Reid Memorial Hospital

Sweet, Howard E. 35 S. Eighth St.
 Taylor, William R. 308 Medical Arts Bldg.
 Vance, William C. 136 Medical Arts Bldg.
 Wanninger, Horace. . . 408 Second Nat'l Bank Bldg.
 Warrick, Francis B. 1426 E. Main St.
 Weinstein, Edwin B. 204 Colonial Bldg.
 Wertemberger, Morris D. . Reid Memorial Hospital
 Whallon, Arthur J. 29 S. 10th St.
 Wisener, Guthrie H. 213 Medical Arts Bldg.
 Wynegar, David E. Richmond State Hospital
 Yencer, Martin W. (S) 22 N. 14th St.
 Zeps, E. Frances. 23 S. 8th St.

Heck, Rolfe A. College Corner, Ohio
 Shepard, Fred F. College Corner, Ohio
 Stilwell, William R.
 2611 Plymer Mill Rd., Silver Springs, Md.

WELLS COUNTY

Bluffton

Bishop, Robert E. 303 S. Main St.
 Boonstra, Charles E. 303 S. Main St.
 Brickley, Harry D. 227 S. Main St.
 Broach, R. Fred. 303 S. Main St.
 Buckner, Joy F. 116 E. Walnut St.
 Caylor, Harold D. 303 S. Main St.
 Caylor, Truman E. 303 S. Main St.
 Cook, Robert G. 303 S. Main St.
 Dorrance, Thomas O. 303 S. Main St.
 Eisaman, Jack L. 303 S. Main St.
 Gitlin, Max M. 121 E. Market St.
 Gitlin, William A. 121 E. Market St.
 Goldstone, Harry A. 118 E. Washington St.
 Hamilton, Orville G. 227 S. Main St.
 Jackson, Charles E. 303 S. Main St.
 Johnston, Robert L. 303 S. Main St.
 Jones, Glen M. 303 S. Main St.
 Kephart, S. Bruce. 303 S. Main St.
 Mead, Clarence H. 227 S. Main St.
 Nickel, Allen A. C. 303 S. Main St.
 Phillips, John F. 303 S. Main St.
 Pietz, David G. 303 S. Main St.
 Simpson, Robert L. 303 S. Main St.
 Syman, William E. 303 S. Main St.
 Talbert, Pierre C. 303 S. Main St.

Yanson, Mannfredo R. S. 303 S. Main St.
 Yoder, Richard P. 303 S. Main St.

Gingerick, Charles M. Liberty Center
 Davidoff, Manuel A. Ossian
 Hardin, Wayne E. Ossian

Brickley, Richard A. . Cook Co. Hosp., Chicago, Ill.
 Gillette, Walter R. Ulster, Pa.

WHITE COUNTY

Galbreth, Jesse P. (S) Burnettsville
 Derhammer, George L. Brookston
 Gish, Howard M. Brookston
 Pierce, William J. Brookston
 Netherton, Clyde R. Chalmers
 Houser, Wayne W. Monon
 McClure, Stanley E. Monon

Monticello

Beck, David C. 135 S. Illinois St.
 Carney, John C. 116 N. Illinois St.
 Dickerson, W. Martin. 122½ N. Main St.
 Fullerton, Robert L. 201 Beach Dr.
 Hibner, Nolan A. 110 S. Main St.
 Morris, Warren V. 118 Court St.

Mayfield, Clifford H. (S) Reynolds
 Baynes, Frank L. Wolcott
 Forbes, Violet Crabbe. Wolcott

WHITLEY COUNTY

Hershey, Ernest A. Churubusco
 Minick, Linus J. Churubusco

Columbia City

Brenton, Harold L. 215 E. Van Buren
 Hamilton, Thomas. Columbia City
 Heritier, C. Jules. 116 S. Chauncey
 Langohr, John. 215 E. Van Buren St.
 Lehmberg, Otto F. C. 118 E. Van Buren St.
 Niccum, Warren L. 215 E. Van Buren St.
 Nolt, Ernest V. 103 N. Line
 Reid, Donald B. 118 E. Van Buren

Huffman, Verlin P. South Whitley
 Ridlon, Albert M. South Whitley

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

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PRESIDENT-ELECT	Mrs. Joseph Dudding		Hope
FIRST VICE-PRESIDENT	Mrs. Marion Hillman	1516 Marquette Blvd.	South Bend
SECOND VICE-PRESIDENT	Mrs. Kenneth Brown	410 E. Spring St.	New Albany
THIRD VICE-PRESIDENT	Mrs. Eugene DeGrazia	810 LaPorte Ave.	Valparaiso
FOURTH VICE-PRESIDENT	Mrs. Joseph M. Black	Sunset Parkway	Seymour
RECORDING SECRETARY	Mrs. Glen W. Lee	404 S. 15th St.	Richmond
CORRESPONDING SEC'Y	Mrs. William E. Sutton	5670 Guilford	Indianapolis
TREASURER	Mrs. John M. Sullivan	2242 College Ave.	Terre Haute
PARLIAMENTARIAN	Mrs. Charles F. Voyles	4150 N. Meridian	Indianapolis
HISTORIAN	Mrs. Philip Holland	514 N. College St.	Bloomington

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CIVIL DEFENSE	Mrs. Paul Stier	3807 Fairfield	Fort Wayne
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LEGISLATIVE	Mrs. Frederick H. Simmons	520 Whites Ave.	Marion
TODAY'S HEALTH	Mrs. Jack E. Shields		Brownstown
PUBLICITY	Mrs. Dwight Schuster	4503 Washington Blvd.	Indianapolis
PROGRAM	Mrs. Jerome Holman, Jr.	5930 Central Ave.	Indianapolis
RURAL & SCHOOL HEALTH	Mrs. Paul Sparks	601 W. Will St.	Winchester
NURSE RECRUITMENT	Mrs. I. S. Hostetter	300 Winthrop Dr.	Muncie
PUBLIC RELATIONS	Mrs. Wendell C. Stover		Boonville
MEDICAL CARE			
INSURANCE	Mrs. Burleigh Matthew	3462 Fall Creek Pkwy. N. Dr.	Indianapolis
RULES COMMITTEE	Mrs. Hubert T. Goodman	328 Potomac Ave.	Terre Haute
AMERICAN MEDICAL			
EDUCATION			
FOUNDATION	Mrs. Alvin Schaaf		Jamestown

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne	
Beaver, Mrs. N. E.	866 Columbia
Bose, Mrs. Robert L.	255 Dearborn
Lehman, Mrs. Harold B.	905 W. Franklin St.
Luginbill, Mrs. Howard	755 W. Main St.
Rich, Mrs. Neville	415 W. Madison St.
Decatur	
Burk, Mrs. J. M.	221 S. Third
Carroll, Mrs. J. C.	R. R. 4
Girod, Mrs. A. H.	1004 W. Monroe
Kohne, Mrs. G. J.	304 W. Adams
Parrish, Mrs. Richard	238 S. Second
Rayl, Mrs. C. C.	334 S. First
Reppert, Mrs. R. L.	Road No. 224
Terveer, Mrs. John B.	1721 W. Monroe St.
Zwick, Mrs. H. F.	401 E. Rugg
Schetgen, Mrs. J. V.	Box 236, Geneva
Harless, Mrs. Fred O.	Monroeville

ALLEN COUNTY

Angola	
Cameron, Mrs. Don F.	313 E. Monroe
Bluffton	
Brickley, Mrs. Harry D.	227 S. Main
Buckner, Mrs. J.	116 E. Walnut
Hamilton, Mrs. O. G.	203 E. Central
Mead, Mrs. C. H.	221 W. Washington

Fort Wayne

A	
Adams, Mrs. E. Wade	4114 Indiana Ave.
Adams, Mrs. J. R.	2538 Fairfield Vw. Pl.
Aiken, Mrs. Arthur F.	1927 E. State
Aiken, Mrs. N. E.	1923 E. State
Arata, Mrs. Justin E.	4220 Fairfield
B	
Bailey, Mrs. Paul	1840 Pemberton
Baltes, Mrs. Joseph H.	1309 Sunset Dr.
Barch, Mrs. John W.	1715 Poinsette
Bash, Mrs. W. E.	1201 Korte Lane
Beams, Mrs. Ralph	3710 Wawonaissa
Beierlein, Mrs. Karl M.	Butler Rd.
Bergendahl, Mrs. Emil	4225 Tacoma
Beutler, Mrs. Theodore V.	1516 Ardmore
Blichert, Mrs. Peter	4501 Fairfield
Blosser, Mrs. H. V.	1122 W. Washington
Bolman, Mrs. R. M.	4135 S. Harrison
Borders, Mrs. Theodore	1802 Nevada
Bowers, Mrs. G. T.	2609 East Dr.
Bowers, Mrs. J. W.	817 E. Washington Blvd.
Bridges, Mrs. W. L.	Coldwater Rd.
Brosius, Mrs. Robert H. W.	1530 Lake
Brown, Mrs. Frederic	4129 S. Harrison
Bruggeman, Mrs. H. O.	1202 W. Washington
Bryan, Mrs. Franklin A.	1439 Edgewater
Buckner, Mrs. Doster	Bass Rd.
Buckner, Mrs. George D.	1220 Kensington
C	
Calvin, Dr. Jessie C.	312 W. Wayne
Carlo, Mrs. Ernest	4633 Crestwood

Sherwood, Mrs. Charles..... Lima Rd., Irene Byron San.
 Sherwood, Mrs. J. V..... Lima Rd., Irene Byron San.
 Shinabery, Mrs. Lawrence..... 1350 Broadway
 Singer, Mrs. Elmer..... 825 Oakdale Dr.
 Smith, Mrs. Phillip L..... 2701 Fairfield

Smith, Mrs. Roger.....1610 Pemberton
 Snyderman, Mrs. S. C.....3222 N. Washington Rd.
 Somers, Mrs. G. H.....1253 W. Rudisill
 Stauffer, Mrs. Richard.....4120 S. Harrison
 Stellner, Mrs. Howard A.....Butler Rd.
 Stier, Mrs. Paul.....3807 Fairfield

T

Tennant, Mrs. D. L.....3513 Kirkland
 Terrill, Mrs. Richard.....4727 Old Mill Rd.
 Thornton, Mrs. W. E.....601 Oakdale Dr.

V

Van Buskirk, Mrs. E. W.....920 Maxine Dr.
 Vogel, Mrs. Lloyd A.....607 Beechwood Dr.

W

Warfield, Mrs. C. H.....1809 Kensington
 Weber, Mrs. John R.....1215 Sheridan Ct.
 Welty, Mrs. S. G.....2222 Thompson
 Wilkins, Mrs. Robert.....4839 Old Mill Rd.
 Williams, Dr. Bernice.....3526 N. Washington Rd.
 Wilson, Mrs. Leslie.....2810 S. Wayne
 Wilson, Mrs. Roland.....1431 Hugh
 Worley, Mrs. A. C.....2551 Terrace Rd.
 Wright, Mrs. William.....1834 Pemberton Dr.

Z

Zehr, Mrs. Noah.....301 W. Creighton
 Zweig, Mrs. Elmer.....2015 Pemberton

New Haven

Dahling, Mrs. C. W.....Doyle Rd.
 Hoetzer, Mrs. E. M.....R. R. 2
 Smith, Mrs. G. A.....Lincoln Highway
 Stumpf, Mrs. E. E.....1118 Elm

Emme, Mrs. Richard W.....R. R. 1, Grabill

BARTHOLOMEW-BROWN COUNTIES**Columbus**

Adler, Mrs. David L.....931 Fifth St.
 Beggs, Mrs. Lowell F.....2733 Riverside Dr.
 Dagley, Mrs. Hubert R.....824 Sycamore St.
 Davis, Mrs. Marvin R.....2228 Lafayette
 Echsner, Mrs. Herman.....1512 28th St.
 Fisher, Mrs. Walter S.....906 Franklin
 Hart, Mrs. Robert B.....1203 16th
 Hawes, Mrs. Marvin E.....2975 Franklin Dr.
 Henry, Mrs. Alvin L.....1913 Chestnut St.
 Kincaid, Mrs. J. C.....2121 Central Ave.
 Krueger, Mrs. Robert.....2735 Griffa Ave.
 Macy, Mrs. George W.....2623 Riverside Dr.
 Marr, Mrs. Griffith.....1513 17th
 McCullough, Mrs. Henry

Old Indianapolis Rd., R. R. 4

Mohler, Mrs. Floyd.....2615 Franklin
 Norton, Mrs. Harold J.....909 Pearl St.
 O'Bryan, Mrs. Richard.....1602 Washington
 Overshimer, Mrs. Lyman.....1715 Franklin
 Reid, Mrs. Robert.....2227 Pennsylvania
 Ritteman, Mrs. George W.....2209 Caldwell Dr.
 Rothring, Mrs. Howard E.....2120 Washington St.
 Ryan, Mrs. Wm. J.....2244 Pearl
 Schmitt, Mrs. R. K.....2639 Riverside Dr.
 Sigmund, Mrs. Wm. B.....Davis Road
 Smith, Mrs. Donald C.....1629 Franklin St.
 Williams, Mrs. E. W.....1902 Franklin St.
 Wissman, Mrs. Wm. L.....2335 Riverside Dr.
 Yoder, Mrs. Dewey D.....713 Lafayette Ave.
 Zaring, Mrs. Byron K.....2419 Riverside

Dudding, Mrs. Joseph E.....Hope
 Schneider, Mrs. Kenneth.....Nashville
 Seibel, Mrs. Robert.....Nashville

BENTON COUNTY

Taylor, Mrs. W. H.....Ambia
 Leak, Mrs. Robert.....Boswell
 Coddens, Mrs. A. L.....Earl Park

Miller, Mrs. Dan T.....Fowler
 Scheurich, Mrs. Virgil.....Oxford
 Rutherford, Mrs. C.....Otterbein

BOONE COUNTY

Schaaf, Mrs. Alvin.....Jamestown

Lebanon

Ball, Mrs. Robert.....424 N. Meridian St.
 Coons, Mrs. John.....Country Club Park
 Coons, Mrs. Ritchie.....224 Barrone St.
 Headley, Mrs. Leland.....Country Club Park
 Honan, Mrs. Paul.....Country Club Park
 Kern, Mrs. Clarence.....1019 N. Meridian
 Lenox, Mrs. Jack.....Elizaville Road
 Weddle, Mrs. Charles.....1210 N. East
 Wiseheart, Mrs. Robert.....Country Club Park

Gregg, Mrs. Edwin.....Thorntown
 Lovett, Mrs. Harvey.....Whitestown
 Harvey, Mrs. Ralph.....Zionsville

CARROLL COUNTY

Van Kirk, Mrs. John.....Burlington
 Maggart, Mrs. Ralph.....Camden

Delphi

Crampton, Mrs. Chas.....218 East Monroe
 Petry, Mrs. Thomas N.....Delphi
 Seese, Mrs. Robert M.....201 W. North St.
 Wagoner, Mrs. Geo. W.....305 W. Summit St.

Adams, Mrs. Max.....Box 67, Flora
 McLaughlin, Mrs. James.....511 East Main St., Flora

CASS COUNTY

Dutchess, Mrs. Charles T.....Galveston

Logansport

Adamski, Mrs. M. S.....614 17th
 Bailey, Mrs. Earl W.....2522 North
 Ballard, Mrs. Charles A.....R. R. 4
 Bradfield, Mrs. John.....High Street Rd.
 Davis, Mrs. John.....2119 North
 Eckert, Mrs. Russell A.....R. R. 1
 Fitzgerald, Mrs. Brice.....1930 High
 Glendening, Mrs. Richard L.....R. R. 4
 Hall, Mrs. Bernard R.....3100 E. Broadway
 Hedde, Mrs. E. L.....R. R. 5
 Hillis, Mrs. L. J.....2508 E. Broadway
 Holmes, Mrs. Will W.....High Street Rd.
 Jewell, Mrs. E. B.....3019 S. Pennsylvania
 King, Mrs. Jay M.....R. R. 4
 Maschmeyer, Mrs. R. H.....R. R. 2, Longcliffe
 Maxwell, Mrs. J. B.....1119 High St.
 Morrical, Mrs. R. J.....415 Highland
 Schenck, Mrs. Foss.....97 21st St.
 Slimp, Mrs. Thomas E.....West Roselawn Dr.
 Southworth, Mrs. J. W.....R. R. 2, Longcliff
 Stansell, Mrs. Gilbert.....3116 High St.
 Viney, Mrs. Charles.....26th and High St.
 Wilson, Mrs. Paul.....R. R. 5
 Winter, Mrs. Donald K.....2541 E. Broadway

Flanagan, Mrs. E. P.....Walton
 Lybrook, Mrs. D. E.....Young America

CLARK COUNTY**Charlestown**

Goodman, Mrs. Eli.....802 Market
 Hover, Mrs. Galen.....Sharon Heights
 Shina, Mrs. Hesel.....Sharon Heights

Clarksville

Mudd, Mrs. Joseph.....619 Eastern Blvd.
 Willner, Mrs. Alan.....117 N. Randolph Ave.

Jeffersonville

Adair, Mrs. Sam.....R. R. 1, Utica Pike
 Bizer, Mrs. Mier.....30 Wildwood Rd.

Bruner, Mrs. Ralph.....804 E. Court
 Buckley, Mrs. Ernest.....14 Blanchel Terrace
 Buehler, Mrs. George.....192 Forest Dr.
 Carlberg, Mrs. Dale L.....2 Blanchel Terrace
 Carney, Mrs. J. T.....2602 Hollywood Dr.
 Clark, Mrs. Wm. B., Jr.....Blackston Mill Road
 Dare, Mrs. Lee.....215 Sparks
 Graham, Mrs. O. P.....7136 E. Maple
 Havens, Mrs. Alfred Lyle.....203 Sparks
 Huoni, Mrs. John S.....6 Blanchel Terrace
 Isler, Mrs. Nathaniel.....901 Morningside Dr.
 Roby, Mrs. A. L.....2709 Hollywood Dr.
 Weems, Mrs. Mallory P.....Hopkins Lane
 Witt, Mrs. Robert.....35 Park Lane
 Wolverton, Mrs. George.....3025 McTavish Dr.

Regan, Mrs. George L.....Sellersburg
 Sturgis, Mrs. Donald G.....Sellersburg
 Vandeventer, Mrs. Arthur.....Sellersburg

CLAY COUNTY

Brazil

Maurer, Mrs. J. Frank.....6 E. Park
 Maurer, Mrs. Robert M.....1115 N. Meridian
 Palm, Mrs. John M.....27 E. Church
 Weaver, Mrs. Timothy M.....R. R. 2
 Webster, Mrs. Robert K.....25 N. Beech
 Wood, Mrs. Opal L.....428 E. Blaine

Clay City

Bond, Mrs. Walter C.....8th and White
 Glosson, Mrs. Jack R.....316 N. Main

Moon, Mrs. Charles E.....Center Point
 Ward, Mrs. H. H.....Coalmont

DAVIESS-MARTIN COUNTIES

Rohrer, Mrs. James.....Elnora
 Chattin, Mrs. Robt.....Loogootee
 Lett, Mrs. E. B.....Loogootee
 McCracken, Mrs. J. O.....Montgomery
 Coleman, Mrs. H. G.....Odon

Washington

Blazey, Mrs. A. G.....7 E. Walnut
 Burress, Mrs. B. O.....Pine Court
 Chattin, Mrs. Vance.....Green Acres
 Farris, Mrs. John.....411 William
 Fox, Mrs. Philip.....Green Acres
 Lindsay, Mrs. H. B.....1108 Bedford Rd.
 Lloyd, Mrs. C. A.....107 N. E. Second
 McKittrick, Mrs. Jack.....Green Acres
 McKittrick, Mrs. W. O.....Green Acres
 McNaughton, Mrs. L. M.....812 E. Main
 Norton, Mrs. Horace.....511 Hefron
 Rang, Mrs. Arthur.....211 E. Ninth
 Rang, Mrs. Robert.....214 E. Ninth
 Seat, Mrs. Marshall.....N. W. First St.
 Schroeder, Mrs. Roland.....N. E. First St.
 Shields, Mrs. Harry.....1210 Bedford Rd.
 Smoot, Mrs. Brayton.....Troy Rd.
 Schafer, Mrs. Wm. C.....221 N. E. Ninth

DEARBORN-OHIO COUNTIES

Aurora

Baker, Mrs. Leslie M.....204 Fifth
 Olcott, Mrs. Charles W.....422 Sunnyside
 Stewart, Mrs. Omer H.....Second and Bridgeway
 Treon, Mrs. James F.....505 Fifth St.

Lawrenceburg

Fagely, Mrs. William J.....57 Oakley
 Houston, Mrs. Fred D.....Miller Ave.
 Pfeifer, Mrs. James M.....550 Ludlow
 Streck, Mrs. Francis A.....547 Ridge Ave.
 Vail, Mrs. George A.....634 Ludlow

DECATUR COUNTY

Tremain, Mrs. M. A.....Adams

Greensburg

Acher, Mrs. Robert P.....446 E. Washington
 Callaghan, Mrs. W. C.....R. R. 1, Lincoln Park
 Dickson, Mrs. Dale D.....825 N. Broadway
 Miller, Mrs. James C.....178 N. Michigan
 Morrison, Mrs. J. Trevor.....161 N. Michigan
 Overpeck, Mrs. Charles.....R. R. 8
 Shaffer, Mrs. William R.....R. R. 1, Lincoln Park
 Walker, Mrs. Louis A.....332 E. North St.

DELAWARE-BLACKFORD COUNTIES

Brown, Mrs. Stewart.....Albany
 Puterbaugh, Mrs. Karl.....Albany
 Hurley, Mrs. John.....Daleville
 Rutledge, Mrs. Jean.....Daleville
 Gillespy, Mrs. Thurman.....Eaton
 Downard, Mrs. Leland F.....Gaston
 Montgomery, Mrs. Lall G.....

Box 149A, RFD 1, Gaston

Douglas, Mrs. William.....Montpelier

Muncie

A

Adams, Mrs. William B.....W. Jackson St. Pike
 Alvey, Mrs. Charles R.....3001 Torquay
 Anthony, Mrs. Harvey M.....822 W. Charles

B

Ball, Mrs. Clay A.....1015 Linden
 Ball, Mrs. Philip.....3201 Oaklyn Ave.
 Beno, Mrs. Thomas.....2106 Euclid Ave. N.
 Bergwall, Mrs. Warren.....1706 N. Reserve St.
 Bibler, Mrs. Henry.....Parkway Dr.
 Botkin, Mrs. Clyde G.....2904 Riverside Ave.
 Botkin, Mrs. Tom.....2500 Bethel Ave.
 Brown, Mrs. Leland.....605 Waid Ave.
 Brown, Mrs. Thomas.....Isanogel Road
 Burwell, Mrs. Stanley W.....211 N. Calvert
 Butterfield, Mrs. Robert.....222 Winthrop Rd.

C

Clark, Mrs. Robert.....905 University Ave.
 Clauser, Mrs. Eldo.....1 Briar Rd.
 Clevenger, Mrs. Joseph H.....3124 University Ave.
 Cochran, Mrs. Robert.....7 Warwick Road
 Covalt, Mrs. Wendell.....120 Berwyn
 Cullison, Mrs. John L.....1003 W. Parkway Dr.
 Cure, Mrs. Elmer T.....913 University Ave.

D

Deutsch, Mrs. Wm.....2100 Petty Rd.
 Dunn, Mrs. Farrell W.....1416 Wheeling Ave.

E-F

Eissman, Mrs. Eugene.....211 Alden Rd.
 Enerson, Mrs. Daniel.....409 Carson St.

G

Garling, Mrs. L. C.....37 Briar Rd.
 Geckler, Mrs. Charles E.....1007 W. North St.
 Gill, Mrs. Tom.....45 Warwick Rd.
 Greiber, Mrs. Marvin.....310 Riley Rd.
 Gustafson, Mrs. Milton.....230 Stradling Rd.

H-I

Hall, Mrs. O. A.....3121 W. Gilbert
 Hayes, Mrs. T. R.....920 W. North
 Henderson, Mrs. Ramon.....75 Warwick Rd.
 High, Mrs. Ralph.....2825 University Ave.
 Hill, Mrs. Howard.....106 Berwyn Rd.
 Hill, Mrs. Robert.....215 W. Jackson St.
 Hostetter, Mrs. I. S.....300 Winthrop
 Hurley, Mrs. Anson.....1007 University
 Imhof, Mrs. J. D.....307 Granville Ave.

K

Kammer, Mrs. Walter F. 1005 W. Parkway Dr.
 Kirshman, Mrs. F. E. 41 Briar Rd.
 Ko, Mrs. Richard State Road 28
 Kuder, Mrs. Howard F. 102 Forrest Ave.

M

McClintock, Mrs. James A. 3121 University Ave.
 McCoy, Mrs. George 516 Waid Ave.
 McDowell, Mrs. Fletcher 698 Weber Dr.
 Moore, Mrs. Tom 906 Marsh
 Morris, Mrs. J. W. 222 Stradling Rd.
 Moss, Mrs. M. J. 1010 W. Parkway Dr.

O

Owens, Mrs. Richard R. 3011 Oaklyn Ave.
 Owens, Mrs. Thomas 608 E. Charles

P-Q

Peacock, Mrs. Robert State Road 67
 Quick, Mrs. Wm. 2009 University Ave.

R

Rathkey, Mrs. Arthur S. 2919 Beechwood Ave.
 Rettig, Mrs. Arthur 614 N. McKinley Ave.
 Rivers, Mrs. Glynn 307 Alden Rd.

S

Saperstein, Mrs. Morris 1008 W. North St.
 Schulhof, Mrs. M. G. 921 W. Parkway
 Silvers, Mrs. J. M. 500 Cowing Ave.
 Smith, Mrs. J. S. 1006 E. First St.
 Stanley, Mrs. John R. 1515 N. Tillotson Ave.
 Starks, Mrs. William 2820 W. Main St.
 Stocking, Mrs. Bruce 3014 Amherst
 Stibbins, Mrs. Warren 2908 Torquay Rd.
 Stout, Mrs. Francis 1003 University

T

Taylor, Mrs. Donald 307 N. Manning St.
 Taylor, Mrs. James A. 413 Varsity Dr.
 Tomlin, Mrs. Hugh M. 2920 Beechwood Ave.

V

Venis, Mrs. Kemper 502 Wade

W

Wright, Mrs. Carl H. 722½ W. Charles St.

Y

Young, Mrs. G. S. 114 Berwyn Rd.
 Hinchman, Mrs. Jean Parker, Ind.
 Moore, Mrs. Will C. White Oak Farm, Yorktown

DUBOIS COUNTY

Barrow, Mrs. John Dale
 Backer, Mrs. Henry George Ohio St., Ferdinand

Huntingburg

Bretz, Mrs. John 222 Van Buren
 McKinney, Mrs. Mildred
 Scales, Mrs. Alfred B. R. R. 2
 Steinkamp, Mrs. Emil 302 Walnut
 Stork, Mrs. Harvey K. 523 First
 Williams, Mrs. Fielding 511 Geiger

Jasper

Casper, Mrs. Joseph 606 W. 9th St.
 Gootee, Mrs. Thomas 756 W. 8th St.
 Heck, Mrs. Martin C. 388 W. 15th
 Held, Mrs. George A. 716 W. Ninth
 Klammer, Mrs. Charles H. 616 W. 13th St.
 Ploetner, Mrs. Edward 1424 Jackson St.
 Wagner, Mrs. Arthur R. R. 5, Box 188

Gootee, Mrs. Francis Loogootee

ELKHART COUNTY**Bristol**

Neidballa, Mrs. E. G. R. R. 1
 Patrick, Mrs. G. B. R. R. 1
 Schlosser, Mrs. H. C. Seven Gables

Elkhart

Bender, Mrs. R. L. 125 N. Riverside
 Benson, Mrs. James E. 1501 Fulton St.
 Billings, Mrs. Elmer 165 Gage Ave.
 Bloom, Mrs. George R. 1100 E. Jackson
 Bolin, Mrs. Robert S. 1853 East Beardsley
 Bowdoin, Mrs. George E. 3809 Greenleaf Blvd.
 Compton, Mrs. Walter A. 2225 Greenleaf Blvd.
 Conklin, Mrs. R. L. 1906 E. Jackson
 Cormican, Mrs. Herbert L. 2002 E. Jackson
 Crandall, Mrs. L. A., Jr. 3600 W. Indiana
 De Dario, Mrs. S. M. 1418 Greenleaf
 Dovey, Mrs. E. G. 1430 Ervin
 Elliot, Mrs. L. A. 405 S. Second
 Elliot, Mrs. Thomas A. 2001 Stevens
 Fleming, Mrs. Claude F. 229 W. Jackson
 Futterknecht, Mrs. James C. 2012 Morton Ave.
 Gattman, Mrs. G. Beach 414 N. Michigan
 Hemingway, Mrs. Norman 1700 Rainbow Bend
 Horswell, Mrs. R. G. 1629 E. Jackson Blvd.
 Hull, Mrs. A. W. 905 Strong
 Hunn, Mrs. M. F. 202 W. Beardsley
 Ivy, Mrs. John H. 1505 Fulton
 Kintner, Mrs. Burton E. 3520 E. Jackson
 Kistner, Mrs. Arthur W. 800 Middlebury
 Koehler, Mrs. Elmer G. 416 W. Lexington
 Leasure, Mrs. Kenneth E. 1415 E. Jackson
 Logan, Mrs. Richard 706 Fulton
 Lundt, Mrs. Milo O. 519 S. Second
 Markel, Mrs. I. J. 215 W. Franklin
 Martin, Mrs. Paul H. 1519 Strong
 McArt, Mrs. Bruce A. 654 Fulton Rd.
 Mendez, Mrs. Carlos 325 Superior Blvd.
 Miller, Mrs. Galen R. 903 W. Franklin
 Miller, Mrs. Hugh A., Jr. 417 Prospect
 Minger, Mrs. Edward P. 409 Prospect
 Mishkin, Mrs. Irving 217 N. Riverside Dr.
 Paff, Mrs. Wm. A. 2601 E. Jackson
 Paine, Mrs. George D. 329 Meisner
 Pancost, Mrs. Vernon 160 Riverview Ave.
 Rouen, Mrs. Robert L. 1919 E. Jackson
 Rupe, Mrs. L. O. 116 W. Dinehart
 Sears, Mrs. M. Maywood R. R. 3
 Spray, Mrs. Page 658 Kilbourne
 Stauffer, Mrs. W. A. 701 Strong
 Stout, Mrs. R. B. 1501 Greenleaf
 Stubbins, Mrs. William 1203 E. Jackson Blvd.
 Swihart, Mrs. Homer R. 1621 E. Jackson
 Swihart, Mrs. Leonard F. 2120 Broadmoor Dr.
 Wilson, Mrs. O. E. 2505 Greenleaf Blvd.
 Work, Mrs. James A., Jr. 4 St. Joseph Manor
 Yoder, Mrs. C. Richard 1204 S. 8th St.

Goshen

Amstutz, Mrs. H. C. R. R. 5
 Bender, Mrs. C. K. 624 S. Fifth
 Bosler, Mrs. Howard A. R. R. 5
 Chandler, Mrs. L. H. 412 S. Fifth
 Freeman, Mrs. F. M. 309 E. Washington
 Hostetler, Mrs. C. M. 1602 S. Eighth
 Martin, Mrs. Floyd S. R. R. 5
 Nelson, Mrs. D. Chester 1210 S. Eighth
 Quilty, Mrs. Thomas J. 702 S. 3rd St.
 Simmons, Mrs. Lloyd H. 606 S. Third
 Turner, Mrs. John R. R. 2
 Vander Bogart, Mrs. Harry E. 1411 S. Eighth
 Wagner, Mrs. D. G. 307 S. Seventh
 Yoder, Mrs. Albert C. 816 S. Sixth
 Yoder, Mrs. Jonathan 1204 S. Eighth

Nappanee

Fleetwood, Mrs. R. A. 151 E. Van Buren
 Kendall, Mrs. F. M. 801 E. Market
 Price, Mrs. Douglas W. 458 N. Madison
 Slabaugh, Mrs. J. S. 258 N. Main
 Norris, Mrs. Ernest Middlebury
 Massanari, Mrs. Walter Millersburg
 Fosbrink, Mrs. E. L. Syracuse
 Amick, Mrs. Charles L. Wakarusa
 Hannah, Mrs. Jack W. Wakarusa

FAYETTE-FRANKLIN COUNTIES

Brookville

Foreman, Mrs. Walter A. 617 Main
 Smith, Mrs. H. N. 812 Main
 Seal, Mrs. Perry F. 901 Main
 Truman, Mrs. Michael. Main St.

Connersville

Ashworth, Mrs. Juanita. 2027 Indiana Ave.
 Booher, Mrs. Martha. 1609 Virginia Ave.
 Brookman, Mrs. Robert E. 2750 Grand Ave.
 Ellis, Mrs. George M. 516 W. 29th St.
 Fettig, Mrs. Lucille. 1609 Virginia Ave.
 Fruth, Mrs. Rodney B. 629 Eastern Ave.
 Fruth, Mrs. Virgil J. 1603 Virginia Ave.
 Gregg, Mrs. Albert F. 835 Lincoln Ave.
 Hudson, Mrs. Arlington. 2211 Vermont Ave.
 Kemp, Mrs. W. Alfred. 403 W. 28th St.
 Kerrigan, Mrs. William F. RFD 3
 Leffel, Mrs. Glen. 1810 Indiana Ave.
 Lockhart, Mrs. Jack M. 54 West Drive
 Metcalf, Mrs. Alma. 1805 Virginia Ave.
 Moore, Mrs. Hollis. 126½ W. 11th St.
 Morrow, Mrs. Roy D. 629½ Eastern Ave.
 Mountain, Mrs. Francis B. 1720 Virginia Ave.
 Sanders, Mrs. Bertram. 122 W. 11th St.
 Smelser, Mrs. Herman W. 2530 Grand Ave.
 Steinem, Mrs. Joseph L. 2300 Grand Ave.
 Watterson, Mrs. Gerald T. 1704 Virginia Ave.

Poston, Mrs. C. L. R. R. 2, Laurel, Indiana

FLOYD COUNTY

Engleman, Mrs. H. K. Georgetown

Jeffersonville

Baxter, Mrs. S. M. Centralia Ct.
 Gentile, Mrs. John P. 3405 Centralia Ct.
 McCullough, Mrs. J. Y. 3500 Centralia Ct.
 Sloan, Mrs. Herbert. Lincoln Heights

New Albany

Allen, Mrs. Fred K. 2015 Lindberg Ct.
 Baker, Mrs. A. M. 2523 Glenwood
 Baxter, Mrs. J. W., Jr. 426 Woodrow Ave.
 Best, Mrs. Maurice. 1233 Vance Ave.
 Bird, Mrs. J. E. 1308 E. Spring
 Briscoe, Mrs. C. E. 1413 E. Spring
 Brown, Mrs. C. H. 1654 Hedden Park
 Byrn, Mrs. Howard. 330 Beharrel Ave.
 Cannon, Mrs. Daniel. 1203 E. Spring St.
 Davis, Mrs. Parvin. Paoli Pike
 Edwards, Mrs. W. F. 615 Beharrel Ave.
 Garner, Mrs. Wm. H. 922 E. Spring
 Garner, Mrs. William H., Jr. Silver Hills
 Geyer, Mrs. Joseph. Silver Crest
 Hauss, Mrs. A. P. Silver Hills
 Hess, Mrs. P. Patrick. 1721 Lilly Lane
 Higgins, Mrs. John. Old Vincennes Rd.
 LaFollette, Mrs. Donald R. Crestview
 LaFollette, Mrs. Robert E. 2510 Glenwood Ct.
 Leuthart, Mrs. C. P. 1410 E. Spring
 Paris, Mrs. John M. 2003 Lindberg Ct.
 Pierson, Mrs. Percy. 1430 Silver St.
 Robertson, Mrs. A. N. 323 E. Ninth
 Rogers, Mrs. S. T. 1017 E. Spring
 Sonne, Mrs. Irvin. Hedden Park
 Streepey, Mrs. Jefferson. 1919 DePauw Ave.
 Tyler, Mrs. F. T. Hausfeldt Lane
 Voyles, Mrs. Harry. 425 Beharrel Ave.
 Wallace, Mrs. Elmer. 1816 DePauw Ave.
 Weaver, Mrs. W. W. 1752 Lynnwood Dr.
 Winstandley, Mrs. Wm. 815 Vincennes
 Wohlfeld, Mrs. Gerald

Silvercrest, Old Vincennes Rd.

Wolfe, Mrs. Nelson A. Graybrook Lane
 Worley, Mrs. Henry. 1921 DePauw Ave.

FULTON COUNTY

Miller, Mrs. Virgil C. Akron
 Stinson, Mrs. Arthur E. Athens
 Glackman, Mrs. John C. Culver
 Kraning, Mrs. Kenneth K. Culver
 Kelsey, Mrs. Lawrence E. Kewanna

Rochester

Dielman, Mrs. Franklin C. 920 Jefferson
 Herendeen, Mrs. Elbie V. 317 W. Seventh
 Johnson, Mrs. F. P. 1100 Washington St.
 King, Mrs. Milo O. 110½ E. Eighth
 Richardson, Mrs. Chas. L. 506 Pontiac
 Rowe, Mrs. Howard H. 417 W. Ninth
 Stinson, Mrs. Dean K. 1318 Main

Bowers, Mrs. Harry

2552 W. Leland Ave., Chicago 25, Ill.

GIBSON COUNTY

Geick, Mrs. R. G. 207 N. Main, Ft. Branch
 Hollis, Mrs. W. H. 607 E. Locust, Ft. Branch
 Marchand, Mrs. Edwin V. Haubstadt

Oakland City

Chappell, Mrs. Harold R. 119 N. Gibson St.
 Clark, Mrs. Carl M. 511 W. Columbia St.
 Turner, Mrs. M. A. 322 W. Columbia St.
 Wood, Mrs. Russell W. 219 N. Gibson St.

Princeton

Carpentier, Mrs. H. F. 319 E. State
 Folck, Mrs. J. K. 530 N. Hart
 Graves, Mrs. O. M. 116 E. Spruce
 McCarty, Mrs. Virgil. 403 W. Spruce
 McElroy, Mrs. R. S. 404 W. Walnut
 Peck, Mrs. J. F. Outer W. Monroe
 Weitzel, Mrs. R. E. 309 W. Spruce

GRANT COUNTY

Malott, Mrs. Fred. Converse
 Grant, Mrs. Arthur. Fairmount
 Yale, Mrs. Charles. Fairmount
 Garrison, Mrs. L. J. 305 E. S. "C" St., Gas City
 Koontz, Mrs. William A. 334 E. Main, Gas City

Marion

Abel, Mrs. Charles. 915 Wabash Ave.
 Alderfer, Mrs. Henry. 806 W. First
 Ansbacher, Mrs. Stefan. R. R. 1
 Ayres, Mrs. W. W. 820 Jeffras Ave.
 Bailey, Mrs. Donald. 1212 National Ave.
 Bailey, Mrs. Douglas. 2107 S. Boots St.
 Bloom, Mrs. A. Ward. 610 River Rd.
 Brown, Mrs. Robert M. 825 Euclid Ave.
 Comeau, Mrs. Wm. J. R. R. 6
 Cunningham, Mrs. Robert. 718 W. Second St.
 Davis, Mrs. Merrill S. 723 Euclid Ave.
 Davis, Mrs. Richard. Shady Hills
 Ganz, Mrs. Max. 904 Jeffras
 Hummel, Mrs. R. M. Shady Hills
 Jarrett, Mrs. John. 514 Wabash Ave.
 Lahr, Mrs. Richard E. 1121 W. Third St.
 Lavengood, Mrs. Russell W. Charles Rd. R. R.
 Lonngren, Mrs. Dudley. 804 W. 6th St.
 Love, Mrs. V. Logan. R. R. 6
 MacNamee, Mrs. D. Hugh. 4600 S. Washington St.
 Pattison, Mrs. John D. 2119 S. Boots St.
 Powell, Mrs. J. P. 127 River Dr.
 Renbarger, Mrs. Lester. Wabash Pike
 Rhorer, Mrs. John G. 711 Wabash Ave.
 Simmons, Mrs. F. H. 520 Whites Ave.
 Skomp, Mrs. C. E. 1123 Euclid Ave.
 Snowwhite, Mrs. Arthur B. 1620 W. 38th St.
 Warren, Mrs. C. B. 1211 Euclid Ave.

Wicker, Mrs. Eugene.....Wabash Pike
 Woodbury, Mrs. J. W.....712 S. "G" St.
 Young, Mrs. Robert.....1911 S. Boots

King, Mrs. P. C.....Swayzee
 Taylor, Mrs. E. C.....Upland
 Rifner, Mrs. E. S.....Van Buren
 McIlwaine, Mrs. Robert.....Warren, Ind.

GREENE COUNTY

Bloomfield

Graf, Mrs. Jerome.....W. Spring St.
 Mount, Mrs. M. S.....340 W. Mechanic
 Turner, Mrs. H. B.....32 N. Franklin St.
 Turner, Mrs. J. J.....227 W. Main St.

Jasonville

Porter, Mrs. Carl.....425 S. Meridian St.
 Rotman, Mrs. Harry.....508 S. Washington St.
 Rotman, Mrs. Sam.....608 S. Washington St.

Linton

Broshears, Mrs. Kenneth.....990 E. Vincennes St.
 Craft, Mrs. William.....940 E. Vincennes St.
 Fleetwood, Mrs. L. B.....489 E. Vincennes St.
 Raney, Mrs. Ben.....370 E. Vincennes St.
 Woner, Mrs. John.....Linton

Fender, Mrs. A. H.....Worthington
 Moses, Mrs. Robert.....Worthington
 Moses, Mrs. George.....15 N. Edwards, Worthington

HAMILTON COUNTY

Karlick, Mrs. J. R.....Arcadia
 Donahue, Mrs. C. M.....Carmel
 Thomas, Mrs. W. Clayton
 716 First St., N. E., Carmel, Ind.
 Havens, Mrs. Oscar.....Cicero

Noblesville

Ambrose, Mrs. J. C.....298 N. Ninth
 Campbell, Mrs. Sam.....88 S. 19th St.
 Hash, Mrs. J. S.....R. R. 4
 Lloyd, Mrs. Joe.....560 N. 14th St.
 Shanks, Mrs. Ray.....R. R. 5
 Shonk, Mrs. H. W.....North Ninth St.

Connoy, Mrs. Andrew.....Westfield
 Connoy, Mrs. Leo.....Westfield

HANCOCK COUNTY

Johnston, Mrs. W. R.....Charlottesville
 Scott, Mrs. Robert.....Charlottesville
 Manifold, Mrs. Harold.....Fortville
 Naven, Mrs. W. K.....Fortville

Greenfield

Allen, Mrs. Joseph.....17 E. South
 Endicott, Mrs. Wayne.....702 N. East
 Farrell, Mrs. John J., Jr.....304 W. McKenzie Rd.
 Gibbs, Mrs. Charles.....203 E. North
 Gill, Mrs. D. D.....328 Park
 Kinneman, Mrs. R. E.....236 W. North
 Kirby, Mrs. Ted.....122 Grandison Rd.
 Smith, Mrs. John H.....919 Maple Dr.
 Vingis, Mrs. Bronie.....705 N. State
 Woods, Mrs. James R., Jr.....715 N. East

Larrabee, Mrs. William.....New Palestine
 Pierson, Mrs. Thomas.....New Palestine
 Kuhn, Mrs. Robert.....Wilkinson
 Trees, Mrs. Nellie.....Wilkinson

HENDRICKS COUNTY

Foltz, Mrs. Lloyd.....Brownsburg
 Scudder, Mrs. A. N.....Brownsburg

Danville

Gibbs, Mrs. Joseph W.....445 E. Mill
 Hibner, Mrs. Kermit Q.....Road 36 (East)
 Koch, Mrs. Elmer.....301 S. Bowen
 Terry, Mrs. Lloyd.....402 E. Broadway

Ellis, Mrs. L. Hall.....Lizton
 Scamahorn, Mrs. Malcolm.....Pittsboro
 Scamahorn, Mrs. Oscar T.....Pittsboro

Plainfield

Aiken, Mrs. Milo.....Plainfield
 Cohen, Mrs. Irving.....Plainfield
 Johnston, Mrs. Alan.....Plainfield
 Stafford, Mrs. J. C.....223 Avon
 Stafford, Mrs. William C.....625 S. East

HENRY COUNTY

Zimmerman, Mrs. W. H.....Dublin
 Hollenberg, Mrs. A. E.....Hagerstown
 Wiatt, Mrs. Leonard.....Knightstown
 Stauffer, Mrs. George.....Moreland
 Marshall, Mrs. L. C.....Mt. Summit

New Castle

Amos, Robert L.....924 Lincoln Ave.
 Bitler, Mrs. C. C.....603 S. 11th
 Bledsoe, Mrs. J. G.....319 S. 14th
 Burnett, Mrs. A. B.....1201 S. Main
 Craig, Mrs. Alex F.....R. R. 2
 Davies, Mrs. Robert R.....1914 Plum St.
 Fisher, Mrs. John.....1135 Woodlawn Dr.
 Foster, Mrs. Ray.....420 N. Main
 Harrison, Mrs. B. L.....223 Bundy Ave.
 Heilman, Mrs. William C.....1111 Audubon Rd.
 Heilman, Mrs. Wm. C., Jr.....120 N. 24th St.
 Hill, Mrs. Kenneth G.....100 Leland
 Itermann, Mrs. G. E.....925 Mourer
 Kennedy, Mrs. W. U.....701 S. 14th
 Life, Mrs. Homer L.....1015 W. Broad
 McDonald, Mrs. Frank C.....527 S. Main
 McElroy, Mrs. James S.....1213 Audubon Rd.
 McKee, Mrs. Roy G.....1417 Church St.
 Saint, Mrs. Wm. K.....Park Place R. R.
 Smith, Mrs. Robert A.....603 S. Main St.
 Stout, Mrs. Walter M.....1103 Audubon Rd.
 Thorne, Mrs. Charles E.....1225 Audubon Rd.
 Vivian, Mrs. Donald E.....Park Place R. R.
 Wiggins, Mrs. D. S.....219 S. 12th

Robertson, Mrs. Wm.....Spiceland

HOWARD COUNTY

Denton, Mrs. Larkin.....Greentown
 Shoup, Mrs. E. M.....Greentown

Kokomo

Adams, Mrs. C. J.....1216 W. Superior
 Alward, Mrs. J. H.....401 W. Walnut
 Ault, Mrs. C. H.....Terrace Gardens
 Boughman, Mrs. J. D.....1515 W. Jefferson
 Bowers, Mrs. C. C.....1530 W. Taylor
 Bowers, Mrs. Harvey B.....421 Morningside
 Bowers, Mrs. J. A.....210 West Mulberry
 Bruegge, Mrs. T. J.....1414 Kingston
 Buhrman, Mrs. Margaret.....409 W. Sycamore
 Cattell, Mrs. Lee M.....118 S. McCann St.
 Clarke, Mrs. Elton.....1400 W. Sycamore
 Conley, Mrs. T. M.....1016 W. Superior
 Craig, Mrs. R. A.....W. Sycamore Rd.
 Craig, Mrs. Ruben.....W. Jefferson Rd.
 Crawford, Mrs. T. R.....908 W. Superior
 Cuthbert, Mrs. F. S.....211 E. Jefferson
 Earl, Mrs. M. M.....1735 W. Mulberry
 Ferry, Mrs. P. J.....1207 W. Sycamore
 Frazier, Mrs. John L.....2219 S. Indiana
 Golper, Mrs. M. N.....1021 W. Mulberry

Good, Mrs. R. P. 227 N. Forest Dr.
 Halfast, Mrs. Richard 2505 Katherine Ave.
 Hutto, Miss Arvilla 1012 W. Walnut
 Hutto, Mrs. O. D. 1012 W. Walnut
 Hutto, Mrs. W. H. 211 Conradt
 Jewell, Mrs. G. M. 1318 W. Sycamore
 Kremers, Mrs. George 1612 Kingston Rd.
 Lung, Mrs. Bruce 115 Conradt
 Martin, Mrs. Will J. 409 W. Sycamore
 McClure, Mrs. Warren 712 S. Union
 McIndoo, Mrs. R. E. 820 W. Walnut
 Meiner, Mrs. J. A. 924 W. Washington
 Mendelson, Mrs. Stanley 609 Somerset Dr.
 Morrison, Mrs. W. R. 413 Conradt
 Murray, Mrs. E. C. 2200 S. Webster
 Paris, Mrs. D. W. 2417 S. LaFountain
 Phares, Mrs. R. W. 400 S. Western
 Prather, Mrs. P. E. 123 Magnolia Dr.
 Rhorer, Mrs. H. M. 415 W. Sycamore
 Rudicel, Mrs. M. W. 1604 Kingston Rd.
 Schwartz, Mrs. F. C. 316 Kingston Rd.
 Shenk, Mrs. E. M. 306 N. Webster
 Sorenson, Mrs. Raymond 1616 W. Walnut
 Taraba, Mrs. Ralph 2520 W. Sycamore
 Wachob, Mrs. Tom 1319 W. Jefferson
 Wilson, Mrs. William 809 W. Sycamore

Evans, Mrs. Robert Russiaville

HUNTINGTON COUNTY

Huntington

Brubaker, Mrs. Harold S. Flaxmill Rd.
 Casey, Mrs. Stanley M. 408 E. Market
 Cope, Mrs. Stanton 1022 N. Jefferson
 Erehart, Mrs. Mark G. 232 W. Market
 Eviston, Mrs. J. Boyd 1392 Poplar
 Gray, Mrs. Paul M. 340 E. Market
 Grayston, Mrs. Fred W. 708 N. Jefferson
 Grayston, Mrs. Wallace S. 303 E. Market
 James, Mrs. Thomas, Jr. 1044 Poplar
 Johnston, Mrs. Robert G. 339 E. Market
 Marks, Mrs. Howard H. 1433 Cherry
 Mitman, Mrs. Floyd B. 1470 Poplar
 Nie, Mrs. Grover M. 1518 Cherry
 Omstead, Mrs. Trevalyn W. 244 E. Washington
 Plasterer, Mrs. E. D. 354 E. Washington
 Wagner, Mrs. Richard 1355 Guilford

Woods, Mrs. Halden C. Markle
 Cooper, Mrs. B. Trent Roanoke
 Galbreath, Mrs. Russell S. R. R. 2, South Whitley
 Bennett, Mrs. J. B. Warren
 Black, Mrs. Claude S. Warren

JACKSON-JENNINGS COUNTIES

Gillespie, Mrs. G. R. Brownstown
 Shields, Mrs. Jack Brownstown
 Adair, Mrs. W. K. 208 S. Armstrong, Crothersville
 Bard, Mrs. F. B. 305 E. Howard, Crothersville
 Butler, Mrs. Joe B. Crothersville
 Scharbrough, Mrs. Wm. Medora
 Calli, Mrs. Louis J. 408 S. State, N. Vernon
 Green, Mrs. John North Vernon
 Johnson, Mrs. William J. Jackson St., N. Vernon
 Matthews, Mrs. David W. North Vernon
 Thayer, Mrs. Benet W. North Vernon

Seymour

Baxter, Mrs. Harry 825 W. Sixth St.
 Black, Mrs. J. M. Sunset Parkway
 Bobb, Mrs. Kenneth E. 311 Lee Blvd.
 Bosch, Mrs. Ralph O. 635 W. 2nd St.
 Day, Mrs. Durbin 515 W. Sixth St.
 Gillespie, Mrs. Charles E. 602 N. Walnut
 Graessle, Mrs. H. P. Sunset Parkway
 Kamman, Miss Martha 332 W. Oak
 Martin, Mrs. Guy 1408 Ewing Rd.
 Osterman, Mrs. L. H. 901 Garden Ave.

Ripley, Mrs. John W. R. R. 4
 Shortridge, Mrs. Clifford A. Sunset Parkway
 Wiethoff, Mrs. C. A. Sunset Parkway

JASPER-NEWTON COUNTIES

Coursey, Mrs. James Goodland
 Paul, Mrs. Daniel Kentland
 Waltz, Mrs. F. C. Kentland
 Yegerlehner, Mrs. R. S. Kentland
 Williams, Mrs. Hugh Morocco
 Hartsough, Mrs. Ralph Remington
 Schantz, Mrs. Richard Remington
 Beaver, Mrs. E. R. Rensselaer
 O'Brien, Mrs. Francis Rensselaer
 Titus, Mrs. Jack Rensselaer

JAY COUNTY

Lansford, Mrs. John Redkey
 Heller, Mrs. N. L. Dunkirk
 Huerkamp, Mrs. Joseph Ft. Recovery, Ohio

Portland

Badders, Mrs. Ara C. 709 W. North
 Cripe, Mrs. Wm. H. 507 W. High
 Fitzpatrick, Mrs. James S. 420 N. Pleasant
 Gillum, Mrs. Eugene Portland
 Hammond, Mrs. Stanley S. Meridian St. Rd.
 Keeling, Mrs. F. E. Portland
 Morrison, Mrs. George G. North & Park Sts.
 Schenck, Mrs. Ralph Portland
 Spahr, Mrs. Donald E. 615 W. Race
 Steffy, Mrs. Ralph 321 E. Race

JEFFERSON-SWITZERLAND COUNTIES

Madison

Alcorn, Mrs. Merritt O. R. R. 1
 Beetem, Mrs. Luther F. 411 N. Broadway
 Childs, Mrs. Wallace Edward Elm & Third
 Haney, Mrs. William Keith 117 W. Second
 Hare, Mrs. Frank W. 525 W. Third
 Jolly, Mrs. Lewis Everette J. P. G. Area
 May, Mrs. George Arthur R. R. 5
 McAtee, Mrs. Ott B. Madison State Hospital
 Murry, Mrs. Wm. E. Madison State Hospital
 Raines, Mrs. Rinda 117 Presbyterian Ave.
 Shuck, Mrs. Wm. A. R. R. 3
 Sloan, Mrs. Keith W. Main St.
 Whitsitt, Mrs. Schuyler 718 W. Main
 Zink, Mrs. Robert Otto 502 Broadway

JOHNSON COUNTY

Gammell, Mrs. L. L. E. Main Cross St., Edinburg

Franklin

Chappel, Mrs. A. T. 174 Center Court
 Deppe, Mrs. Charles F. 1215 Park Ave.
 Ferrara, Mrs. Joseph 1000 E. King
 Foster, Mrs. R. H. K. Orchard Grove
 Jones, Mrs. Charles A. 1050 E. Adams
 Murphy, Mrs. Harry E. 150 N. Main
 Portteus, Mrs. Walter L. R. R. 2, Box 118
 Province, Mrs. Wm. D. 51 N. Water St.
 Records, Mrs. Arthur W. 216 E. Jefferson
 Stogsdill, Mrs. W. W. Cor. Walnut & Madison Sts.

Greenwood

Brown, Mrs. George E. Beech Park Dr.
 Eaton, Mrs. Lyman D. Springdale Addition
 Machledt, Mrs. John H. 243 S. Madison
 Sheek, Mrs. Kenneth I. 165 N. Brewer
 Tiley, Mrs. George 40 N. Madison
 Woodcock, Mrs. Charles W. 240 S. Madison

Hibbs, Mrs. William G. Whiteland

KNOX COUNTY

Byrne, Mrs. Robert 517 N. Main, Bicknell
 Scudder, Mrs. J. A. Edwardsport

Vincennes

Anderson, Mrs. John.....Old Wheatland Rd.
 Anderson, Mrs. Richard M.....Monroe City Rd.
 Arbogast, Mrs. Paul B.....1420 Old Orchard Rd.
 Barrett, Mrs. Thomas L.....1307 Busseron
 Beckes, Mrs. Ellsworth W.....220 N. Fifth
 Chattin, Mrs. Herbert O.....729 Main
 Coffel, Mrs. Melvin H.....Simpson Lake
 Corsentino, Mrs. Bart.....1427 Burnet Lane
 Cullison, Mrs. Charles H.....47 Cloverdale
 Curtner, Mrs. Myron L.....216 N. Sixth
 Edwards, Mrs. Edward T., Jr.....Old Bruceville Rd.
 Ewing, Mrs. Nathaniel D.....Monroe City Rd.
 Fox, Mrs. Maurice S.....704 N. Seventh
 Green, Mrs. Carl L.....1414 Weed Lane
 Hendrix, Mrs. Charles.....1202 E. Sycamore
 Humphreys, Mrs. Joe S.....1602 Weed Lane
 McCormick, Mrs. Hubert D.....518 N. Fourth
 McDowell, Mrs. M. M.....1322 Audubon Rd.
 McMahan, Mrs. V. C.....Monroe City Rd.
 Reilly, Mrs. James F.....401 Buntin St.
 Schulze, Mrs. Wm.....819 Buntin St.
 Shaffer, Mrs. Kenneth.....Ridge Rd.
 Smith, Mrs. Ralph O.....Old Burceville Rd.
 Spencer, Mrs. Frederic.....311 N. Ninth
 Stewart, Mrs. Frank.....2nd Street Rd.
 Sullenger, Mrs. A. A.....803 Seminary St.
 Vaughn, Mrs. Walter R.....406 N. Third
 von de Leith, Mrs. William.....Monroe City Rd.
 Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone
 Wilson, Mrs. Wymond.....Mentone
 Stalter, Mrs. G. W.....North Webster
 Schuldt, Mrs. T. S.....Pierceton

Warsaw

Haymond, Mrs. G. M.....532 E. Center
 Hillery, Mrs. John L.....321 N. Buffalo
 Murphy, Mrs. Harold.....427 S. Buffalo
 Murphy, Mrs. Samuel C.....216 S. High
 Richer, Mrs. Orville H.....914 E. Main
 Roesch, Mrs. Ryland.....RFD 3, N. Bay Dr.
 Schlemmer, Mrs. George H.....528 N. Lake
 Thomas, Mrs. E. Winton.....711 E. Main

LAKE COUNTY

Miller, Mrs. Donald C...P. O. Box 297, Cedar Lake

Crown Point

Becker, Mrs. P. H.....Parramore Hospital
 Birdzell, Mrs. John P.....357 Ellendale Pkwy.
 Horst, Mrs. W. N.....126 N. Court
 Klaus, Mrs. J. N.....667 S. Main
 Troutwine, Mrs. W. R.....S. Main

Carleton, Mrs. E. H.....R. R. 1, Box 175, Dyer

East Chicago

Bacevich, Mrs. A.....4212 Ivy
 Campagna, Mrs. E. A.....4320 Ivy
 Fleischer, Mrs. J. C.....4135 Ivy
 Grosso, Mrs. William G.....3502 Grand Blvd.
 Gustaitis, Mrs. John W.....4318 Parrish
 McGuire, Mrs. D. F.....1910 142nd St.
 Niblick, Mrs. James S.....4122 Parrish
 Shapiro, Mrs. Joseph.....4214 Parrish

East Gary

Mather, Mrs. J. Winford.....2367 Vigo

Gary

Almquist, Mrs. C. O.....550 Lincoln
 Armalavage, Mrs. L. J.....6572 Birch
 Behn, Mrs. Walter.....1514 W. 5th St.
 Bills, Mrs. R. N.....534 Lincoln
 Brady, Mrs. Samuel J.....451 Garfield
 Brandman, Mrs. Harry.....629 Grant
 Bringas, Mrs. Irineo.....761 Connecticut

Brinko, Mrs. John.....1113 Clay
 Carberry, Mrs. G.....759 Grant
 Carbone, Mrs. Joseph.....526 Johnson
 Chevigny, Mrs. J. J.....654 Johnson
 Cooper, Mrs. Leo K.....670 Hayes
 Danielecki, Mrs. L. J.....3569 Madison
 Dierolf, Mrs. Edward J.....630 Montgomery
 Elliott, Mrs. Ralph A.....1726 W. Sixth
 English, Mrs. Hubert M.....575 Taft
 Goldberg, Mrs. Harold B.....825 W. 35th
 Goldstone, Mrs. Adolph.....1430 W. Seventh St.
 Goldstone, Mrs. Joseph.....600 Cleveland
 Goldstone, Mrs. Sidney R.....1045 W. 35th
 Jahns, Mrs. A. A.....655 Roosevelt
 Jannasch, Mrs. M. Clifford.....6600 Birch
 Jordon, Mrs. S. Y.....5120 E. 11th Ave.
 Kendrick, Mrs. Frank J.....552 Johnson
 Kilmer, Mrs. Warren.....1130 Idaho
 Kobrin, Mrs. Meyer W.....2300 W. Sixth
 Kopcha, Mrs. Joseph E.....650 Pierce
 Korn, Mrs. Jerome M.....2119 W. Fifth
 Lewis, Mrs. George N.....573 Roosevelt
 May, Mrs. R. Milton.....667 Van Buren
 Minczewski, Mrs. R. C.....2425 W. Fifth
 Molengraft, Mrs. C. J.....544 Monroe
 Morris, Mrs. Hyman R.....2401 W. Sixth
 Moswin, Mrs. Jack A.....477 Arthur
 Nigles, Mrs. Richard.....237 Glen Park Ave.
 Ornelas, Mrs. Joseph P.....230 W. 36th
 Palmer, Mrs. Russell H.....2006 W. Fourth Place
 Parrot, Mrs. Louis.....131 W. 46th
 Robinson, Mrs. Walter K.....500 N. Montgomery
 Rubin, Mrs. Simon S.....2131 W. Fifth
 Ryan, Mrs. H. J.....630 McKinley
 Sala, Mrs. Joseph J.....2333 W. Fifth
 Sala, Mrs. Walter R.....659 McKinley
 Scully, Mrs. J. T.....1005 W. 35th St.
 Senese, Mrs. Thomas J.....581 Johnson
 Shevick, Mrs. Alexander.....528 Monroe
 Sponder, Mrs. Joseph.....738 N. Hamilton
 Stimson, Mrs. Harry R.....4338 Jefferson
 Thomas, Mrs. Daniel D.....831 Garfield
 Thomas, Mrs. G. L.....594 Taney
 Vye, Mrs. J. Preston.....3620 Madison
 Weiskopf, Mrs. Henry S.....608 Roosevelt
 Yast, Mrs. Charles J.....704 Fillmore
 Yocum, Mrs. Paul S.....6999 Hemlock
 Young, Mrs. G. M.....4580 Washington
 Young, Mrs. Robert L.....616 Roosevelt

Griffith

Lundeberg, Mrs. Ralph A.....303 N. Harvey
 Malmstone, Mrs. Francis A.....114 E. Main

Hammond

Allegretti, Mrs. Michael L.....6237 Forest
 Beconovich, Mrs. Robert.....6540 Forest Ave.
 Beilke, Mrs. C. A.....6806 Huron
 Bonaventura, Mrs. Angelo P.....7112 Woodmar
 Brown, Mrs. Stanley Lee.....6550 Hohman
 Chael, Mrs. Tom.....6015 Erie
 Chidlaw, Mrs. B. W.....29 Wildwood Rd.
 Clancy, Mrs. James F.....7258 Forest
 Cook, Mrs. George M.....6607 Forest
 Cotter, Mrs. Edward R.....7225 Knickerbocker
 Eggers, Mrs. Henry W.....6542 Hohman
 Elledge, Mrs. Ray.....6415 Forest
 Faulkner, Mrs. Donald.....6843 Magoun
 Fischer, Mrs. Burnell.....49 Indi-Illi Park
 Gardiner, Mrs. H. Glenn.....47 Waltham
 Gevirtz, Mrs. Milton B.....6528 Forest
 Hack, Mrs. Edmund C.....7147 Olcott St.
 Hansen, Mrs. Arthur H.....6527 Hohman
 Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker
 Hopkins, Mrs. J. R.....7107 State Line
 Howard, Mrs. William H.....6534 Forest Ave.
 Husted, Mrs. Robert G.....7248 Forest
 Komoroske, Mrs. John E.....35 Highland
 Koransky, Mrs. David S.....7048 Forest
 Kretsch, Mrs. Russel W.....7214 Hohman

Marks, Mrs. Ora L. 7111 Olcott
 Mintz, Mrs. Alfred 1566 178th Pl.
 Modjeski, Mrs. Joseph R. 7327 Knickerbocker
 Modjeski, Mrs. Raymond J. 223 Locust
 Morec, Mrs. George J. 7325 Delaware
 Neal, Mrs. L. W. 7301 Forest Ave.
 Nelson, Mrs. Richard B. 41 172nd Place
 Panares, Mrs. S. V. 4 172nd Place
 Peck, Mrs. Edward A. 6422 Moraine
 Pilot, Mrs. Jean 7137 Knickerbocker Pkwy.
 Premuda, Mrs. Franklin F. 7042 Woodmar
 Rasch, Mrs. George C. In Service
 Remich, Mrs. Antone C. 6412 Moraine
 Rendel, Mrs. Donald T. 18 172nd Place
 Rhind, Mrs. A. W. 7126 Forest
 Rosevear, Mrs. Henry J. 6531 Forest Ave.
 Row, Mrs. P. Q. 6706 Hohman
 Rudolph, Mrs. F. G. 216 Lawndale
 Santare, Mrs. Vincent 6508 Forest Ave.
 Schlesinger, Mrs. J. 7251 Forest
 Shanklin, Mrs. E. M. 54 Ruth
 Stern, Mrs. S. Lewis 226 Oakwood
 Stevens, Mrs. E. W. 6913 Monroe
 Thegze, Mrs. George 7435 Olcott

Larrabee, Mrs. James 2214 Oakdale, Highland
 Burger, Mrs. Robert 1004 Garfield, Hobart
 Bjorklund, Mrs. Carl 212 S. Connecticut, Hobart
 Markle, Mrs. Joseph 308 Main, Hobart

Black, Mrs. Charles
 809 S. Marshfield No. 106, Chicago, Ill.
 Markey, Mrs. Richard J.
 Rosedale Terrace, Crete, Ill.
 Murphy, Mrs. J. F. 17634 Maple, Lansing, Ill.
 Potts, Mrs. William
 3543 Ridge Rd., E., Lansing, Ill.
 Lazo, Mrs. Vincente R. 3431 Walnut, Phila. 4, Pa.

Munster

Arbeiter, Mrs. Herbert I. 119 Beverly Place
 Arrowsmith, Mrs. James L. 8138 Forest
 Benchik, Mrs. Frank 8326 Hawthorne Dr.
 Boys, Mrs. F. F. 8517 Crestwood
 Campbell, Mrs. G. G. 211 Ridge Rd.
 Eggers, Mrs. Ernest L. 8147 Meadow Lane
 Kenny, Mrs. Francis 8131 Forest Ave.
 Lautz, Mrs. Herbert A. 7943 Forest Ave.
 Marks, Mrs. Salvo P. 8320 Parkview
 Sroka, Mrs. Stanley J. 7540 Forest Ave.
 Teplinsky, Mrs. L. L. 1526 Twelve Oaks Dr.
 Westhaysen, Mrs. Peter V. 127 Beverly Pl.

Whiting

Weinberg, Mrs. B. A. 2022 Lake Ave.

LA PORTE COUNTY

Oak, Mrs. D. D., Jr. Hanna
 Oak, Mrs. D. D., Sr. LaCrosse

La Porte

Carter, Mrs. Fred 402 E. Jefferson
 Durham, Mrs. L. J. 1808 Indiana Ave.
 Jones, Mrs. R. B. 1515 Indiana
 Kelsey, Mrs. Robert 2107 Monroe
 Kepler, Mrs. Robert W. 1529 Michigan
 Larson, Mrs. G. O. 1106 Monroe
 Mead, Mrs. Frank 344 Grayson Rd.
 Muhleman, Mrs. C. E. Greenacres
 Philbrook, Mrs. Seth S. 707 Harrison St.
 Richter, Mrs. J. C. 1421 Indiana
 Wolf, Mrs. John 1412 Indiana

Michigan City

Armstrong, Mrs. T. D. E. Coolspring
 Bernoske, Mrs. Daniel 731 Pine
 Cleveland, Mrs. John B. 314 Fir
 Fargher, Mrs. F. M. Pottawattomie Park

Gardner, Mrs. R. A. Long Beach
 Gilmore, Mrs. Robert Long Beach
 Jones, Mrs. King 1010 East Coolspring Ave.
 Kemp, Mrs. J. T. 631 Pine St.
 Kling, Mrs. Victor Long Beach
 Kubik, Mrs. F. J. Pottawattomie Park
 Piazza, Mrs. L. F. 2402 York
 Plank, Mrs. C. R. 2005 Nethercliffe
 Roberts, Mrs. Thomas K. 1621 Michigan St.

Benz, Mrs. O. F. Wanatah
 Hoyt, Mrs. John Westville
 Johnson, Mrs. Donald Westville
 Oster, Mrs. Jack Westville
 Sennett, Mrs. Cecil M.
 Beatty Memorial Hospital, Westville
 Syler, Mrs. R. W. Westville
 Van Den Bosch, Mrs. Wallace R.
 Beatty Memorial Hospital, Westville

LAWRENCE COUNTY

Benham, Mrs. Lawrence E. Avoca, Ind.

Bedford

Allen, Mrs. L. Howard 1318 14th
 Austin, Mrs. Richard P. 1315 15th
 Dusard, Mrs. Joseph C. 1107 N
 Edmonds, Mrs. Kendrick T. 1303 15th
 Emery, Mrs. Charles B. Brook Knoll
 Fountaine, Mrs. Thomas J. 1620 18th
 Hammel, Mrs. Howard T. 1822 15th
 Hawkins, Mrs. Richard D. 1702 15th St.
 Kastings, Mrs. Gerald E. Hawthorne Heights
 Kerr, Mrs. Donald M. 2323 Q
 Newland, Mrs. A. E. Hawthorne Pl.
 Noe, Mrs. William R. 1224 14th
 Scherschel, Mrs. John P. 1713 H
 Smallwood, Mrs. R. B. 1506 13th
 Wohlfeld, Mrs. J. B. 1224 15th

Hamilton, Mrs. James Mitchell
 Oswalt, Mrs. James Mitchell
 Robinson, Mrs. William Mitchell

MADISON COUNTY

LeRoy, Mrs. A. G. Alexandria

Anderson

Aagesen, Mrs. W. J. 1112 North Dr.
 Armington, Mrs. John C. 206 W. 14th St.
 Armington, Mrs. R. L. Kilbuck Rd.
 Ashcraft, Mrs. J. R. 20 Overlook Dr.
 Ayres, Mrs. Kenneth D. 2210 Meridian
 Austin, Mrs. Maynard A. 238 W. 12th
 Baughn, Mrs. W. L. 1517 Winding Way
 Benoit, Mrs. Merrill 3620 Maple Road, Edgewood
 Bixler, Mrs. Donald P. 1515 Green Way Dr.
 Blassaras, Mrs. Crist A. 916 Dresser Dr.
 Bowers, Mrs. Richard C. 3508 Dogwood Dr.
 Brock, Mrs. Earl E. 1004 N. Madison Ave.
 Brown, Mrs. James M. 727 E. 31st
 Buckles, Mrs. David L. 44 Knoll Rd., Edgewood
 Conrad, Mrs. Ernest M. 2124 Meridian St.
 Doenges, Mrs. James L. 1601 Van Buskirk Rd.
 Donaldson, Mrs. Frank C. 308 Winding Way
 Drake, Mrs. John C. 920 N. Madison Ave.
 Ellis, Mrs. Seth W. 1105 Green Way Dr.
 Elsten, Mrs. Wayne A.

 1333 Maryland Dr., Forest Manor
 Erehart, Mrs. Archie D. 1221 Irving Way
 Fischer, Mrs. Warren E. 108 North Shore Blvd.
 Gante, Mrs. Henry W. 2005 Nichol
 Hart, Mrs. Wm. D. 1026 W. Eighth
 Hensler, Mrs. Benton M.
 717 Winding Way, Edgewood
 Jarrett, Mrs. Paul E. 2541 N. Shore Dr.

Kelly, Mrs. Wendell C. 23 Colony Rd., Edgewood
 Kiely, Mrs. John T. 1931 Nichol
 King, Mrs. Barnard A. 26 Winding Way
 King, Mrs. Joseph W. 260 Davis Dr., Edgewood
 Lamey, Mrs. Paul T. 1740 W. 10th St.
 Larmore, Mrs. Joseph L.

1301 Winding Way, Edgewood
 Litzenberger, Mrs. Sam W. 837 Forrest Dr.
 Long, Mrs. Paul L. 828 Dresser Dr.
 Maxson, Mrs. Roy V. 3240 Maryland Dr.
 McDonald, Mrs. Virgil C. 5 Overlook Dr.
 Metcalf, Mrs. George B. 830 W. Eighth
 Morris, Mrs. Robert A. 410 Golf Club Rd.
 Nesbitt, Mrs. Leonard L. Eighth Street Rd.
 Patterson, Mrs. William K. 8 South Park Dr.
 Polhemus, Mrs. Warren C. 1800 W. 11th
 Ross, Mrs. Guy E. 1124 N. Madison Ave.
 Sharp, Mrs. William L. 725 North Shore Blvd.
 Stamper, Mrs. Joseph H. 619 State Road 67 W.
 Stamper, Mrs. Robert J. 3104 Sherman St.
 Swan, Mrs. Richard C. 707 Forrest Dr.
 Wilder, Mrs. Gordon B. 338 W. Eighth St.
 Williams, Mrs. Francis M. 1012 Park Rd.
 Williams, Mrs. Robert H. 715 North Shore Blvd.
 Wilkinson, Mrs. Roger L.

1525 Winding Way, Edgewood
 Wishard, Mrs. Fred B. 316 E. 34th St.
 Zierer, Mrs. Reuben O. 1211 Van Buskirk Rd.

Bishop, Mrs. Harry A. Frankton
 Williams, Mrs. Robert D. Markleville
 Hammer, Mrs. J. W. Middletown
 Dickey, Mrs. Morris W. Pendleton
 McLaughlin, Mrs. Calvin P. Pendleton
 Van Ness, Mrs. William Summitville

MARION COUNTY

Ramage, Mrs. Walter F. 244 S. First, Beech Grove
 Tyner, Mrs. Harlan H. Clayton
 Hughes, Mrs. James E. 326 Anthony St.,
 Glen Ellyn, Ill.

Indianapolis

A

Adkins, Mrs. Harold C. 250 W. Hampton Dr.
 Albertson, Mrs. Frank P. 5031 Rockville Rd.
 Aldrich, Mrs. Harry D. 5805 Sherman Dr.
 Alvis, Mrs. Edmond O. 474 W. 92nd St.
 Appel, Mrs. Richard H. 4465 Marcy Lane, No. 190
 Arbogast, Mrs. John L. 3516 Carrollton
 Arbuckle, Mrs. William E. 5326 E. St. Joseph St.
 Aronson, Mrs. Sidney S. 5670 N. Meridian
 Avery, Mrs. George O. 5321 N. Kessler Blvd.

B

Bachmann, Mrs. Arnold J. 1615 Oles Dr.
 Bakemeier, Mrs. Otto H. 5535 E. St. Clair
 Balch, Mrs. James F. 4444 College Ave.
 Ball, Mrs. Joseph E. 823 N. Lesley
 Bartlett, Mrs. Donald. 3537 N. Pennsylvania St.
 Bartley, Mrs. Max D. 5640 N. Pennsylvania St.
 Batman, Mrs. Gordon W. 6906 N. Delaware
 Bauer, Mrs. Thomas. R. R. 14, Box 872
 Baumeister, Mrs. Herbert E. 314 W. Hampton Dr.
 Beamer, Mrs. Parker R. 3560 Carrollton
 Beasley, Mrs. Thos. J. 112 Berkley Rd.
 Beaver, Mrs. Howard W. 303 E. Edgewood Ave.
 Beck, Mrs. Evart M. 1220 Oak Ridge Dr.
 Becker, Mrs. Harry G. 5641 Haverford Ave.
 Beeler, Mrs. John W. 39 E. 39th St.
 Belt, Mrs. James H. 5155 Broadway
 Berman, Mrs. Jacob K. 1105 W. Kessler Blvd.
 Bibler, Mrs. Lester D. 4360 N. Pennsylvania
 Blatt, Mrs. A. Ebner 5330 N. Illinois
 Boling, Mrs. Grover C. 5806 N. Parker
 Booth, Mrs. Boynton H. 107 E. 48th St.
 Bowman, Mrs. George W. 5634 Carrollton
 Boyer, Mrs. Floyd A. 136 S. Wittfield
 Boyer, Mrs. Philip A., Jr. 1260 E. 80th St.

Brady, Mrs. Thomas A. 225 Wellington Rd.
 Brayton, Mrs. John R. 3128 E. Fall Creek Blvd.
 Brodie, Mrs. Donald W. R. R. 12, Box 241 M
 Brown, Mrs. Archie E. 1220 S. Belmont
 Brown, Mrs. Wendell 3750 N. Gale
 Browning, Mrs. William M. 2275 Wynnedale Rd.
 Brubaker, Mrs. E. H. 624 E. 23rd
 Bunde, Mrs. Carl A. 952 N. Downey
 Burghard, Mrs. Rolla 2171 E. 67th

C

Cahn, Mrs. Hugo M. 3038 Park
 Call, Mrs. Herbert F. 710 E. 57th
 Campbell, Mrs. John A. 5201 Grandview Dr.
 Carson, Mrs. E. Wayne 7177 N. Meridian
 Carter, Mrs. Larue D. 4280 N. Meridian
 Carter, Mrs. Oren E. 5461 Kenwood
 Chattin, Mrs. William R. 4209 Roselawn Dr.
 Chen, Mrs. K. K. 519 W. Hampton Dr.
 Chernish, Mrs. Stanley 1402 N. Linwood
 Chivington, Mrs. Paul V. 5730 Parker
 Chroniak, Mrs. Walter

5916 E. Pleasant Run Pkwy.

Clark, Mrs. Lawson J. 2425 E. Kessler Blvd.
 Cohn, Mrs. A. F. 1120 Southview Dr.
 Collins, Mrs. James N. 5445 N. Pennsylvania
 Conley, Mrs. Joseph L. 1617 E. Ohio
 Conway, Mrs. Glenn 2235 E. Garfield Dr.
 Cornacchione, Mrs. Matthew 4401 Carson Ave.
 Cortese, Mrs. James V. 124 W. Troy
 Cortese, Mrs. Thomas A. 3240 Brill Rd.
 Countryman, Mrs. F. W. 5633 Central
 Cox, Mrs. Clifford E. R. R. 14, Box 811
 Culbertson, Mrs. C. G. 6060 Park Ave.
 Cullen, Mrs. Paul K. 5115 Graceland
 Cure, Mrs. Charles W. 5726 Sherman Ave.
 Currie, Mrs. Robert W. 512 E. 57th St.
 Curry, Mrs. R. Louis. 5260 Carrollton
 Cuthbert, Mrs. Marvin. 6935 N. Pennsylvania St.

D

Daly, Mrs. Joseph M. 5969 Singleton St.
 Davidson, Mrs. N. Cort. 6901 Washington Blvd.
 Davis, Mrs. John A. 3630 Marrison Pl.
 Davis, Mrs. Sam J. 4545 Broadway
 Day, Mrs. Clark 228 W. 44th St.
 Dearmin, Mrs. Robert M. 5147 N. Delaware
 DeArmond, Mrs. Albert M. 5401 N. Delaware
 Deever, Mrs. John W. 6801 S. East St.
 Dennison, Mrs. A. Dudley, Jr. 701 E. 78th St.
 Denny, Mrs. James W. 84 N. Audubon Rd.
 DeWees, Mrs. Dwight L. 302 N. Bradley
 Donato, Mrs. Albert M. 4225 S. East
 Dorman, Mrs. W. Leland 2005 Lick Creek Dr.
 Doughty, Mrs. Samuel R. 4068 Adams Ct., North
 Dugan, Mrs. William M. 5747 Rolling Ridge Rd.
 Dryden, Mrs. Gale 5835 N. Tacoma Ave.
 Dunning, Mrs. Lehman H. 5435 N. Pennsylvania
 Dyar, Mrs. Edwin W., Jr. 5910 Washington Blvd.

E

Eastman, Mrs. Joseph Rilus 8160 N. Meridian
 Eaton, Mrs. Edwin R. 5750 Allisonville Rd.
 Ebert, Mrs. J. Wayne 1125 Southview Dr.
 Egbert, Mrs. Herbert L. 419 W. 63rd St.
 Eichler, Mrs. Palmer O. 4401 Washington Blvd.
 Elkins, Mrs. James P. 155 W. Elbert St.
 Ellis, Mrs. Bert E. R. R. 18, Box 32
 Ellis, Mrs. William N. 1930 Houston
 Emhardt, Mrs. John T. 3305 Brill Rd.
 Emhardt, Mrs. John W. 5425 Washington Blvd.
 Ensminger, Mrs. Leonard A. 1321 N. Meridian
 Evans, Mrs. Paul V. 5725 Indianola
 Everly, Mrs. Ralph V. 1105 E. 58th

F

Fausset, Mrs. C. Basil 7757 N. Meridian
 Ferry, Mrs. Frances A. 935 E. Southern
 Finneran, Mrs. Joseph C. 4238 Carrollton Ave.
 Fischer, Mrs. A. Alan 3230 W. 41st St.

Flanigan, Mrs. Meredith B. 2920 W. 33rd
 Flora, Mrs. Joseph O. 5604 Rockville Rd.
 Folkening, Mrs. Norval C. 5501 Camden
 Fouts, Mrs. Paul J. 8393 N. Illinois
 Freeman, Mrs. Leslie W. 5461 Julian Ave.
 Freeman, Mrs. Max E. 4802 Thornleigh Dr.
 Fry, Mrs. Robert D. 5717 Broadway

G

Gabe, Mrs. William E. 502 W. Hampton Dr.
 Gaddy, Mrs. E. T. 2602 W. Washington St.
 Gambill, Mrs. Wm. Dudley 2272 Wynnedale
 Garber, Mrs. J. Neill 1101 E. 57th
 Garceau, Mrs. George J. 4334 N. Pennsylvania
 Gardiner, Mrs. Sprague H. 330 W. 62nd St.
 Gardner, Mrs. F. Buckman 4811 Graceland
 Garner, Mrs. W. Stanley 3785 E. 62nd
 Garrett, Mrs. Robert A. 1403 W. 52nd St.
 Gastineau, Mrs. David C. 8620 Manderley Dr.
 Gastineau, Mrs. Frank M. 5344 N. Pennsylvania
 Geider, Mrs. Roy A. 5816 Pleasant Run Pkwy.
 Gick, Mrs. Herman H. 451 Eastern
 Gifford, Mrs. Fred E. 5125 N. Meridian
 Gillespie, Mrs. Charles F. 4530 Berkshire Rd.
 Gillespie, Mrs. Jacob E. 4426 Broadway
 Goldman, Mrs. Samuel 5632 Rosslyn
 Gosman, Mrs. James H. 4491 Washington Blvd.
 Greist, Mrs. John H. 4343 Washington Blvd.
 Griffith, Mrs. Richard S. 1676 Winton
 Griffith, Mrs. Ross E. 4452 Washington Blvd.
 Grisell, Mrs. Ted L. 5411 Broadway
 Gustafson, Mrs. Gerald W. 5768 N. Pennsylvania

H

Habich, Mrs. Carl 44 E. 52nd
 Hadley, Mrs. David 5601 N. Pennsylvania
 Haggard, Mrs. Edmund B. 3481 Birchwood
 Hall, Mrs. Frank 8633 N. Pennsylvania
 Hampshire, Mrs. Donald 4378 Central
 Hanley, Mrs. Edward J. 5260 Ralston
 Hanna, Mrs. Duke, Jr. 7810 E. St. Joseph
 Hanna, Mrs. Thomas 5009 W. 15th St.
 Hansell, Mrs. Robert M. 3525 N. Gladstone
 Harcourt, Mrs. Allan K. 4915 N. Illinois
 Harding, Mrs. M. Richard 4220 DeVon Court
 Harding, Mrs. Myron S. 46 W. 46th
 Harold, Mrs. Albert H. 7510 Allisonville Rd.
 Harold, Mrs. Norris E. 3545 N. Denny
 Hasewinkel, Mrs. Carrol W. 5168 Primrose Ave.
 Haslinger, Mrs. Clarence J. 5236 Boulevard Pl.
 Hatfield, Mrs. Nicholas W. 4118 N. Pennsylvania
 Haymond, Mrs. Joseph L. 2745 Crescent Hill Lane
 Hays, Mrs. Everett L. 2607 Manker
 Hedrick, Mrs. Philip W. 4808 Central Ave.
 Heimburger, Mrs. R. F. 4462 Central Ave.
 Helmer, Mrs. O. M. 5015 N. Illinois
 Hendricks, Mrs. John W. 124 W. 64th
 Hepburn, Mrs. Charles K. 7570 Morningside Dr.
 Hetherington, Mrs. A. M. 445 E. 71st St.
 Heubi, Mrs. John E. 5061 N. Illinois
 Hickman, Mrs. Walter F. 3535 Del Mar Rd.
 Hicks, Mrs. Murwyn L. 4125 E. 61st St.
 Hilldrup, Mrs. Don G. 5672 N. Illinois
 Himebaugh, Mrs. James R. S. 2620 Kessler, E. Dr.
 Holman, Mrs. Jerome E., Jr. 5930 Central Ave.
 Holman, Mrs. Jerome E., Sr. 4503 Kessler Blvd., E. Dr.

Hood, Mrs. Ainslee A. 5059 S. Harlan
 Horwitz, Mrs. Thomas 6720 Allisonville Rd.
 Howell, Mrs. Joseph D. 3431 Winthrop
 Howell, Mrs. Robert D. 3641 N. Pennsylvania
 Huddle, Mrs. John R. 5812 N. Hillside
 Hudson, Mrs. Foster J. 525 W. Hampton Dr.
 Hughes, Mrs. William F., Sr. 4025 N. Meridian
 Hull, Mrs. Ronald 6465 Dover Rd.
 Huse, Mrs. Wm. Murray 5131 N. Pennsylvania

I-J

Irwin, Mrs. Glenn W., Jr. 5022 Graceland
 Jaeger, Mrs. Alfred S. 3057 Washington Blvd.
 Jaquith, Mrs. Orville S. 261 Blue Ridge Rd.
 Jay, Mrs. Arthur N. 815 W. 64th
 Jennings, Mrs. Frank 2601 Cold Springs Rd.
 Jewett, Mrs. Joe H. 5803 Sherman Ave.
 Jinks, Mrs. Clifford H. 5740 Carrollton
 Johnson, Mrs. Thomas W. 5735 Washington Blvd.
 Jones, Mrs. Allen W. 2530 E. 58th St.
 Joseph, Mrs. Rex M. 620 Hickory Lane
 Jowitt, Mrs. Richard 4060 Adams Ct. N.

K

Kahle, Mrs. Dan B. 4988 Bonnie Brae
 Kahn, Mrs. Howard L. 4401 N. Park Ave.
 Kammen, Mrs. Leo 257 W. 46th
 Kammen, Mrs. Robert 5502 Woodside Dr.
 Keenan, Mrs. George 2015 E. Thompson Rd.
 Keenan, Mrs. Reid L. 3702 N. Delaware
 Keever, Mrs. Charles H., Sr. 5226 College Ave.
 Keiser, Mrs. V. D. 5709 Broadway
 Kelly, Mrs. Don E. 4927 Kenwood
 Kelly, Mrs. Walter F. 6845 E. Pleasant Run Pkwy.
 Kelly, Mrs. William M. 6685 E. Pleasant Run Pkwy.
 Kempf, Mrs. Gerald F. 2605 E. Riverside Dr.
 Kennedy, Mrs. Hunter 757 N. Bolton
 Kerr, Mrs. Harry R. 5774 Washington Blvd.
 Kilgore, Mrs. Byron W. 2002 E. 62nd St.
 Kingsbury, Mrs. John K. 5776 E. Michigan
 Kirklin, Mrs. Oren L. 8005 Englewood Rd.
 Kirtley, Mrs. Wm. R. 730 E. 73rd
 Kiser, Mrs. Edgar F. 5610 Central
 Kitterman, Mrs. Harry E. 5108 Graceland
 Klain, Mrs. Benjamin V. 5775 Central
 Knowles, Mrs. Charles Y. 4340 Glencairn Lane
 Knowles, Mrs. Robert P. 7435 Central Ave.
 Kohlstaedt, Mrs. Kenneth G. 645 E. 80th
 Kooiker, Mrs. J. E. 4051 Central
 Koons, Mrs. Karl M. 5767 N. Pennsylvania
 Kopecky, Mrs. Robert R. 501 Churchman Ave.
 Kornafel, Mrs. L. H. 6201 College
 Kraft, Mrs. Bennett 7025 Washington Blvd.
 Kuntz, Mrs. Herman W. 1418 N. Butler
 Kurtz, Mrs. Philip L. 6841 Willow Rd.
 Kwitney, Mrs. I. J. 5774 Broadway Terrace

L

LaDine, Mrs. Clarence B. 4221 E. 35th
 Lamb, Mrs. Emmett B. 1180 Golden Hill Dr.
 Lamb, Mrs. Russell W. 4636 N. Capitol
 Landis, Mrs. Charles W. 206 N. Warman Ave.
 Laramore, Mrs. Ward 5835 N. Keystone
 Lawler, Mrs. George F. 5601 E. St. Clair
 Leaseure, Mrs. J. Kent 3115 N. Meridian
 Leff, Mrs. A. H. 46 W. 52nd St.
 Leffler, Mrs. W. T. 250 E. 70th St.
 LeMaster, Mrs. Theodore 2621 E. 58th, N. Dr.
 Levi, Mrs. Leon 402 W. Hampton Dr.
 Lewis, Mrs. Robert J. 5800 Lawrence Dr.
 Lichtenberg, Mrs. Melvin 5677 N. Meridian
 Lingeman, Mrs. R. E. 3845 N. Meridian
 Link, Mrs. Goethe 2609 Putters Lane
 Little, Mrs. Wm. J. 6215 Parker
 Lochry, Mrs. Ralph L. 6150 Crows Nest Dr.
 Lord, Mrs. Glenn C. 4455 Washington Blvd.
 Love, Mrs. George N. 1644 N. Delaware
 Ludwig, Mrs. Oscar D. 5433 Madison
 Lurie, Mrs. Paul R. 3157 Washington Blvd.
 Luros, Mrs. J. Theodore 5275 N. Capitol
 Lybrook, Mrs. William B. 4585 Kessler Blvd., E. Dr.

M

McBride, Mrs. James S. 720 E. 80th St.
 McCartney, Mrs. Donald H. 3335 College Ave.
 McClain, Mrs. Edwin S. 550 W. 77th St., N. Dr.
 McDevitt, Mrs. Daniel R. 8710 Washington Blvd.
 McGrath, Mrs. Michael F. 6183 Washington Blvd.

McGuff, Mrs. Paul 3668 Central Ave.
 McQuiston, Mrs. Ralph J. 6120 Lawrence Dr.
 McTurnan, Mrs. Robert W. 6967 Central
 MacGregor, Mrs. Donald E. 6080 N. Michigan Rd.
 Mackey, Mrs. John E. 629 E. 32nd
 Magennis, Mrs. Herbert L. 3010 E. 38th, No. 14
 Manalan, Mrs. M. M. 3007 E. 39th, No. 60
 Manion, Mrs. Marlow W. 5132 N. New Jersey
 Mann, Mrs. Mortimer 28 E. 55th
 Marsh, Mrs. Carl M. 2622 N. Alabama
 Marshall, Mrs. Albert L., Jr. 4149 Central Ave.
 Marshall, Mrs. Cavins R. 4162 N. Meridian
 Martin, Mrs. Loren H. 5338 Washington Blvd.
 Martz, Mrs. Carl D. 4571 Fall Creek Blvd., S. Dr.
 Masters, Mrs. John M. 34 E. 46th
 Masters, Mrs. Robert J. 330 W. 106th St.
 Matthew, Mrs. W. Burleigh

3462 E. Fall Creek Blvd., N. Dr.
 Matthews, Mrs. William 1122 N. Bolton Ave.
 Megenhardt, Mrs. Dennis. 3038 E. Fall Creek Blvd.
 Meiks, Mrs. Lyman T. 4203 N. Pennsylvania St.
 Mericle, Mrs. Earl W. 4480 N. Meridian
 Merrell, Mrs. Paul 5367 Kenwood
 Mertz, Mrs. John H. O. 5950 Central Ave.
 Mitchell, Mrs. Earl H. 2263 E. Riverside Dr.
 Mitchell, Mrs. Edward O. 6144 N. Dearborn St.
 Moenning, Mrs. Walter P. 7030 N. Pennsylvania
 Molt, Mrs. William F. 2315 N. Talbot
 Montgomery, Mrs. William F. 4546 Park
 Moore, Mrs. Ben B. 5005 N. Illinois
 Moore, Mrs. Harold T. 5802 Allisonville Rd.
 Morrison, Mrs. Lewis E., II. 4450 Park Ave.
 Morton, Mrs. Walter P.

3434 E. Fall Creek Blvd., N. Dr.
 Moser, Mrs. Rollin H. 6220 Sunset Lane
 Muller, Mrs. L. P. 5608 College Ave.
 Muller, Mrs. Paul F. 4329 Park Ave.
 Myers, Mrs. Roy V. 4450 E. Kessler Blvd.

N

Nafe, Mrs. Cleon A. 5060 N. Meridian
 Nagan, Mrs. Robert F. 3902 Devon Dr.
 Nay, Mrs. Richard M. 5525 N. Meridian
 Need, Mrs. Louis T. 3627 Bluff Rd.
 Nester, Miss Lena Laura 2832 N. Capitol
 Nicholas, Mrs. Dennis 4623 Carrollton
 Nie, Mrs. Louis W. 4305 Central
 Noble, Mrs. Thomas B., Jr. 5556 N. Meridian
 Nolting, Mrs. Henry F. 155 W. Hampton Dr.
 Norman, Mrs. William H. 6416 Dean Rd.
 Norris, Mrs. Max S. 540 E. 36th
 Nourse, Mrs. Myron 8064 Morningside Dr.
 Nugent, Mrs. Edwin J. 6840 N. Delaware St.

O

Ochsner, Mrs. Harold C. 405 E. 45th
 Offutt, Mrs. Andrew C. 750 N. Campbell
 Olvey, Mrs. Ottis N. 5428 Central Ave.
 Otten, Mrs. Claude F. 4456 Central
 Owen, Mrs. John E. 4429 N. Illinois
 Owens, Mrs. Tracy 2823 N. Meridian

P

Pandolfo, Mrs. Harry 529 Markwood
 Parr, Mrs. Robert L. 5368 Winthrop Ave.
 Patton, Mrs. Martin T. 3060 N. Meridian, Apt. 504
 Paulissen, Mrs. George T. 741 Markwood
 Paynter, Mrs. Morris B. 115 Roberts Rd.
 Pearson, Mrs. Lyman R. Marott Hotel, No. 624
 Peck, Mrs. Franklin B. 3060 N. Meridian, No. 401
 Pennington, Mrs. Walter E. 4420 N. Meridian
 Permer, Mrs. Erwin 5590 Grandview
 Peters, Mrs. Robert J. D. 3203 E. Michigan
 Petranoff, Mrs. T. V. 2814 Questend St.
 Pickett, Mrs. Robert D. 129 W. 41st St.
 Pilcher, Mrs. Jack E. 4601 Graceland Ave.
 Pontius, Mrs. Edwin C. 10254 Carrollton
 Popplewell, Mrs. A. G. Sunnyside Sanitorium
 Price, Mrs. James O. 7015 College Ave.
 Pryor, Mrs. Richard 6134 Carrollton

Q

Quigley, Mrs. Joseph B. 4590 E. Kessler Blvd.

R

Rader, Mrs. George S. 3778 E. 62nd
 Ragsdale, Mrs. Harrison C. 2950 N. Moreland Ave.
 Ramsey, Mrs. Frank B. 1401 W. 52nd St.
 Reed, Mrs. Phillip B. 4131 N. Meridian
 Rees, Mrs. Russell C.

926 Ellenberger Pkwy., W. Dr.
 Reid, Mrs. Charles A. 6506 Madison Ave.
 Rice, Mrs. Frederick A., Jr. 5802 E. 46th St.
 Rice, Mrs. Raymond M. 1321 N. Meridian
 Richardson, Mrs. Thad T. 6126 E. St. Joseph St.
 Ricketts, Mrs. Joseph W. 7447 Holliday Dr. E.
 Rigg, Mrs. John F. 5115 N. Meridian
 Ritchey, Mrs. James O. 43 W. 43rd
 Robb, Mrs. John A. 5151 N. Pennsylvania
 Rogers, Mrs. Donald L. 3031 N. Centennial
 Rohn, Mrs. Robert J. 3740 Forest Manor Ave.
 Roller, Mrs. Charles W. 2301 Garfield Dr.
 Romberger, Mrs. Floyd T., Jr. 370 W. 52nd
 Rosenak, Mrs. Bernard D. 5254 N. Delaware
 Rosenbaum, Mrs. David 3930 Broadway
 Ross, Mrs. Alexander T. 265 W. Westfield Blvd.
 Row, Mrs. D. Hamilton 5214 Grandview Drive
 Ruddell, Mrs. Karl R. 2626 N. Meridian
 Rudesill, Mrs. Robert L. 5252 N. Capitol
 Rupel, Mrs. Ernest 701 Kessler Blvd., W. Dr.
 Rust, Mrs. Byron K. 8120 Sycamore Rd.
 Ryan, Mrs. Glenn V.
 3168 E. Fall Creek Pkwy., N. Dr.

S

Sage, Mrs. Russell A. 8650 College Ave.
 Salb, Mrs. Max C. 6741 Allisonville Rd.
 Sanders, Mrs. Harry M. 4330 Forest Manor Ave.
 Schaffer, Mrs. Edward V. 6168 Compton
 Schlegel, Mrs. Donald M. 6123 Oakland Ave.
 Schmidt, Mrs. Loren F. 2909 E. 37th St.
 Schneider, Mrs. Carl J. 340 N. Kenyon
 Schuchman, Mrs. Gabriel 5944 Central
 Schuster, Mrs. Dwight 4503 Washington Blvd.
 Scott, Mrs. George E. 3636 Layman
 Scott, Mrs. John R. 7966 N. Illinois
 Scott, Mrs. Robert P. 33 E. 55th St.
 Seaman, Mrs. Charles F. 6017 Hillside Ave., E. Dr.
 Sedam, Mrs. Herbert L. 6931 Central
 Sexson, Mrs. Hiram T. 5455 N. Meridian
 Shafer, Mrs. Marion R. 6290 Allisonville Rd.
 Sheehan, Mrs. Francis G. R. R. 10, Box 257A
 Shively, Mrs. John A. 5725 Oak Ave.
 Shullenberger, Mrs. W. A. 4535 Central Ave.
 Shumaker, Mrs. H. B., Jr. 4330 Central Ave.
 Sidebottom, Mrs. Earl W. 2820 W. 29th
 Sigmond, Mrs. Harvey W. 3245 N. Pennsylvania
 Simmons, Mrs. James E. 3928 N. Ruckle
 Sims, Mrs. J. Lawrence 3723 N. Gale
 Sluss, Mrs. David 3657 Washington Blvd.
 Smith, Mrs. Edward B. 3429 Guilford Ave.
 Smith, Mrs. E. Rogers 160 W. 47th St.
 Smith, Mrs. Roy Lee R. R. 6, Box 473
 Solomon, Mrs. R. A. 5330 N. Pennsylvania
 Sovine, Mrs. J. W. 8182 N. Illinois
 Spahr, Mrs. John F., Jr.
 3014 Green Hills Lane, N. Dr.

Sparks, Mrs. Alan L. 4310 Central
 Spath, Mrs. C. B., Jr. 5671 Rolling Ridge Rd.
 Spath, Mrs. Carl B., Sr. 7860 Barlum Dr.
 Stayton, Mrs. Chester A., Sr. 6925 N. Delaware
 Stayton, Mrs. Chester A., Jr. 7065 Central Ave.
 Stephens, Mrs. Donald E. 5555 N. Broadway
 Stephens, Mrs. Kuhrman H. 5210 Boy Scout Rd.
 Sterne, Mrs. S. Gloria 4131 N. Meridian St.
 Stevens, Mrs. Sydney L. 3620 Cheviot Pl.
 Stoelting, Mrs. V. K. 4706 Laurel Circle
 Stone, Mrs. A. T. 5727 Broadway
 Stone, Mrs. David F. 5603 Indianola
 Storey, Mrs. D. Edmund. 4535 Marcy Lane, Apt. 258

Stroup, Mrs. Tyler J.....5758 College
 Stucky, Mrs. Elsworth K.....4528 N. Meridian
 Stygall, Mrs. James H.....4311 N. Meridian
 Sudranski, Mrs. Herbert F.....3614 Guilford
 Sutton, Mrs. William E.....5670 Guilford
 Swan, Mrs. John R.....320 Arden Dr.
 Symmes, Mrs. Alfred T.....717 W. 44th

T

Talbott, Mrs. Dan E.....6470 N. Michigan Rd.
 Tanner, Mrs. Henry S.....4461 N. Pennsylvania
 Taylor, Mrs. Clifford.....5938 Crittenden
 Taylor, Mrs. Frederick W.....40 E. 43rd
 Teague, Mrs. Frank W.....8000 Sycamore Rd.
 Tether, Mrs. J. Edward.....5735 N. Pennsylvania
 Tharpe, Mrs. Ray.....6161 Sunset Lane
 Thatcher, Mrs. Hugh K., Jr.....408 E. 45th St.
 Thomas, Mrs. Lowell I.....28 W. Hampton Dr.
 Thomas, Mrs. Morris E.....5207 N. New Jersey
 Thompson, Mrs. John V.....7899 Ridge Rd.
 Thornburg, Mrs. K. E.....4702 Washington Blvd.
 Thurston, Mrs. A. L.....421 E. 41st
 Tindall, Mrs. G. T., Jr.

964 Ellenberger Pkwy., W. Dr.
 Tinsley, Mrs. Walter B.....3314 Carrollton
 Tondra, Mrs. John M.....4511 Broadway
 Torrella, Mrs. Jose A.....5721 W. 18th
 Toumey, Mrs. F. L.....801 E. 46th St.
 Trusler, Mrs. Harold M.....6150 N. Pennsylvania
 Tuchman, Mrs. Joseph H.....1154 Hawk Lane
 Tucker, Mrs. Warren S.....5338 N. Pennsylvania

V

Van Meter, Mrs. C. Powell...4102 Marrison Place
 Van Nuys, Mrs. John D.....2120 E. Kessler Blvd.
 VanOsdol, Mrs. Harry A.....43 Hampton Dr.
 Van Tassel, Mrs. C. J., Jr...5832 Washington Blvd.
 Vollrath, Mrs. Victor J.....5202 N. Illinois
 Vore, Mrs. Robert.....1027 N. Denny
 Voyles, Mrs. Charles F.....4150 N. Meridian

W

Waldo, Mrs. J. Thayer.....8333 N. Illinois
 Walker, Mrs. Frank C.....5563 N. Pennsylvania
 Walther, Mrs. Joseph E.....4266 N. Pennsylvania
 Walton, Mrs. William M.....3007 Ruckle St.
 Warriner, Mrs. James B.....990 N. Bolton
 Warvel, Mrs. John H...4360 Kessler Blvd., N. Dr.
 Weil, Mrs. Harry J.....2040 E. Michigan St.
 West, Mrs. Joseph L.....2110 W. 38th
 Westfall, Mrs. B. Kemper, Jr...4001 N. Meridian
 White, Mrs. Donald J.....5430 N. Delaware
 White, Mrs. John B.....6524 Lawrence Dr.
 White, Mrs. Philip T.....3606 Lorraine Rd.
 Whitehead, Mrs. John M.

1304 N. Delaware, No. 409
 Wilkens, Mrs. Irvin W...4816 Pleasant Run Pkwy.
 Williams, Mrs. Howard S.....3824 N. Delaware
 Williams, Mrs. Paul D.....35 Meridian Lane
 Wilmore, Mrs. Ralph C.....6477 N. Tuxedo
 Wilson, Mrs. Oliver R.....3519 Washington Blvd.
 Wise, Mrs. William.....4934 N. Pennsylvania
 Wise, Mrs. Wm. R.....4895 Knollton Rd.
 Wishard, Mrs. William N., Jr...4150 N. Illinois
 Wolfram, Mrs. Don J.....5716 N. Pennsylvania
 Wood, Mrs. William H.....3641 Watson Rd.
 Woolling, Mrs. Kenneth R...5303 Boulevard Pl.
 Worley, Mrs. J. P.....6797 E. 10th St.
 Wrege, Mrs. Malcolm.....6505 Riverview Dr.
 Wytttenbach, Mrs. John E.....5509 Kenwood

Y-Z

Young, Mrs. James W.....440 E. 71st
 Young, Mrs. John E.....9350 Washington Blvd.
 Young, Mrs. John M...4535 Marcy Lane, No. 261

New Augusta

Asher, Mrs. Ernest O.....Box 4
 Asher, Mrs. James W.....8461 Moore Rd.
 Brown, Mrs. David E.....R. R. 1, Lakeside Dr.
 Brown, Mrs. DeWitt W.....R. R. 1, Box 268
 Spivey, Mrs. Russell J.....R. R. 1, Box 542

Miller, Mrs. Ray D.

290 E. Washington St., Martinsville
 Henry, Mrs. Russell S.....R. R. 5, Noblesville
 Jones, Mrs. George L.....Wanamaker
 Abreu, Mrs. Benedict E.
 9300 Moore Rd., R. R. 2, Zionsville

MARSHALL COUNTY

Graham, Mrs. C. R.....Bourbon
 Bowen, Mrs. Otis R.....N. Center St., Bremen
 Burkett, Mrs. Cecil.....Grant St., Bremen
 Stine, Mrs. Marshall.....304 W. Grant, Bremen
 Reed, Mrs. Donald.....Lakefront & Mill, Culver
 Tharp, Mrs. J. D.....Culver

Plymouth

Danielson, Mrs. Harry E., Jr.....214 E. Ewing
 Klingler, Mrs. M. O.....1111 Ferndale Ave.
 Kubley, Mrs. James.....624 E. LaPorte St.
 Pomeroy, Mrs. Rex.....1400 Park Ave.
 Reed, Mrs. Robert G.....109 Baker
 Rimel, Mrs. James F.....Plymouth
 Robertson, Mrs. James.....1010 Ferndale Ave.

MIAMI COUNTY

Line, Mrs. Homer.....Chili
 Sennett, Mrs. W. K.....Macy
 Waite, Miss Carrie.....Macy
 Waite, Miss Margaret.....Macy
 Rendel, Mrs. H. E.....Mexico

Peru

Barnett, Helen.....109 W. Seventh
 Damiana, Mrs. P. G.....159 W. Sixth
 Herd, Mrs. C. R.....105 E. 5th St., Peru
 Malouf, Mrs. S. D.....359 W. Third
 Wagner, Mrs. Sarah.....R. R. 4
 Wildman, Mrs. R. E.....R. R. 2
 Yarling, Mrs. Francis.....117 E. Fifth

MONTGOMERY COUNTY

Crawfordsville

Ball, Mrs. T. Z.....401 S. Washington
 Burks, Mrs. Jess E.....512 W. Wabash Ave.
 Cooksey, Mrs. Thomas L.....205 Marshall
 Daugherty, Mrs. Fred N.....415 W. Main
 Eggers, Mrs. Richard R.....411 S. Walnut St.
 Haller, Mrs. Thomas C.....508 W. Main
 Humphreys, Mrs. John W.....206 Woodlawn
 Kinnaman, Mrs. Howard A.
 R. R. 6, Darlington Rd.
 Kirtley, Mrs. James N.....615 Thornwood Road
 Lingeman, Mrs. Byron J.....203 Wallace
 Mount, Mrs. William M.....1417 W. Main
 Peacock, Mrs. Norman F.....107 Vernon Court
 Pierson, Mrs. Robert H.....305 E. Main
 Shannon, Mrs. Wesley E.....507 Russel Ave.
 Sharp, Mrs. John L.....1403 E. Main
 Wallace, Mrs. Hawthorne C.....107 W. Jefferson

Otten, Mrs. Ralph R.....Darlington
 Priebe, Mrs. Fred.....Hillsboro
 Smith, Mrs. Byron J.....Kingman
 Blix, Mrs. Fred.....Ladoga
 Denny, Mrs. Frank T.....Ladoga

Wong, Mrs. Norman.....Linden
 Davis, Mrs. William H.....New Market
 Kindell, Mrs. Herschel D.....New Richmond
 Richards, Mrs. Edgar E.....Russellville
 Person, Mrs. Theodore.....Veedersburg
 Rusk, Mrs. Hubert M.....Wallace
 Johnson, Mrs. Dale.....Waynetown
 Parker, Mrs. Carl B.....Wingate

MORGAN COUNTY

Martinsville

Eisenberg, Mrs. David.....340 E. Cunningham
 Gray, Mrs. Leon.....260 N. Ohio
 Miller, Mrs. Ray.....290 E. Washington
 Pitkin, Mrs. Edward.....309 Washington
 Pitkin, Mrs. McKendree C.....440 E. Washington
 Van Wienen, Mrs. John.....189 S. Jefferson
 Willan, Mrs. Horace R.....109 S. Jefferson

Mooresville

Comer, Mrs. C. W.....R. R. 2
 Comer, Mrs. Kenneth.....R. R. 2

Murphy, Mrs. M. G.....Morgantown

NORTHEASTERN ACADEMY

Bowman, Mrs. Charles M.....Albion
 Nash, Mrs. Justin R.....Albion
 Rogers, Mrs. E. E.....Auburn
 Mattmiller, Mrs. E. Dale.....Avilla
 Sneary, Mrs. Kenneth D.....Avilla
 Hathaway, Mrs. Clayton.....Butler
 Weirich, Mrs. Charles I.....Butler
 Jinnings, Mrs. Loren E.....Garrett
 Kantzer, Mrs. Floyd B.....Garrett
 Novy, Mrs. Charles.....Garrett
 Reynolds, Mrs. D. Monroe.....Garrett
 Reynolds, Mrs. Russel P.....Garrett
 Gutstein, Mrs. Richard R.....Kendallville
 Hardy, Mrs. F. C.....Kendallville
 Hepner, Mrs. Herman.....Kendallville
 Lawson, Mrs. Isaac H.....Kendallville
 Messer, Mrs. Frank.....Kendallville
 Munk, Mrs. Cleorie E.....Kendallville
 Seybert, Mrs. Joseph D.....Kendallville
 Slough, Mrs. Thomas.....Kendallville
 Stallman, Mrs. Carl.....Kendallville
 Williams, Mrs. Harold O.....Kendallville
 Alford, Mrs. James.....Hamilton
 Schrepferman, Mrs. Wayne.....Hamilton
 Wade, Mrs. Alfred A.....Howe
 Studebaker, Mrs. Lloyd.....LaGrange
 Stultz, Mrs. Quentin F.....Ligonier
 Webster, Mrs. Paul.....Ligonier
 Fipp, Mrs. August L.....Rome City
 Williams, Mrs. John H.....Shipshewana
 Lehman, Mrs. Kenneth.....Topeka
 Coleman, Mrs. Floyd.....Waterloo
 Showalter, Mrs. John P.....Waterloo
 Luckey, Mrs. Robert.....Wolf Lake

ORANGE-WASHINGTON COUNTIES

Tower, Mrs. T. Kermit.....Campbellsburg
 Paynter, Mrs. William T.....Pekin
 Baker, Mrs. Robert E.....Orleans
 Hodgins, Mrs. Phillip T.....Orleans
 Hammond, Mrs. Keith.....Paoli
 Spears, Mrs. John K.....Paoli
 Apple, Mrs. E. R.....Salem
 Episcopo, Mrs. A. R.....Salem
 Fultz, Mrs. Roy L.....Salem
 Gilliatt, Mrs. James P.....Salem
 Huckleberry, Mrs. Irvin E.....Salem
 Mitchell, Mrs. J. I.....Salem
 Paynter, Mrs. L. W.....Salem

OWEN-MONROE COUNTIES

Bloomington

Borland, Mrs. Ray.....R. R. 3
 Buckingham, Mrs. Richard E.....705 S. Fess
 DeMotte, Mrs. Russell.....904 S. Rose
 Estes, Mrs. Ambrose.....701 Highland Ave.
 Fowler, Mrs. Ross.....709 Anita
 Geiger, Mrs. Dillon.....N. Fee Lane
 Hardtke, Mrs. Eldred F.....1005 S. Hawthorne Dr.
 Hepner, Mrs. T. S.....302 E. 7th St.
 Holland, Mrs. D. J.....1100 Atwater
 Holland, Mrs. Philip.....1001 S. Jordon Ave.
 Holtzman, Mrs. Paul W.....1203 Pickwick Pl.
 Karsell, Mrs. Wm. A.....700 Highland
 Link, Mrs. William.....412 Alice Ave.
 Lundblad, Mrs. W. M.....400 East Side Dr.
 Lyons, Mrs. Robert.....S. Walnut Rd.
 Marchant, Mrs. Clarence.....350 S. College
 Middleton, Mrs. Thomas O.....Matlock Heights
 Pizzo, Mrs. Anthony.....409 S. Swain
 Poolitsan, Mrs. George.....619 E. Ninth
 Quarles, Mrs. E. Bryan.....811 S. Woodlawn
 Ramsey, Mrs. Hugh S.....619 E. 1st St.
 Reed, Mrs. William C.....1215 Atwater Ave.
 Rieger, Mrs. I. Taylor.....1319 E. 1st St.
 Rogers, Mrs. Floyd.....804 E. 8th St.
 Rollins, Mrs. Thomas.....815 S. Rose
 Ross, Mrs. Ben.....R. R. 1, Martinsville Rd.
 Schell, Mrs. H. D.....1401 Maxwell Lane
 Sibbitt, Mrs. J. W.....818 Sheridan Drive
 Smith, Mrs. Frederick P.....448 Levers Lane
 Smith, Mrs. Herschel.....Glendora Dr.
 Spencer, Mrs. Beaufort A.....712 E. Eighth St.
 Stangle, Mrs. William.....1818 E. Third
 Thomas, Mrs. Harry B.....129 S. Union St.
 Topolugus, Mrs. James.....1015 Atwater
 Wilson, Mrs. T. L.....Bender Road

Stouder, Mrs. Charles E.....Ellettsville
 Mitchell, Mrs. George L.....Smithville

Spencer

Blackwell, Mrs. Donald.....207 W. Hillside Ave.
 Brown, Mrs. Marcel S.....N. Washington
 Greene, Mrs. C. D.....215 N. Main

PARKE-VERMILLION COUNTIES

Clinton

Casebeer, Mrs. P. B.....844 S. Fourth
 Evans, Mrs. F. J.....1315 S. Main
 Gerrish, Mrs. W. D.....125 S. Main
 Herzberg, Mrs. Milton.....545 S. Fourth
 Kercheval, Mrs. J. M.....Box 192
 Pickett, Mrs. Paul.....1257 S. Main St.
 White, Mrs. I. D.....Hazel Bluff Farm

Britton, Mrs. W. D.....Montezuma
 DeRenne, Mrs. W. L.....Newport
 Saunders, Mrs. J. L.....Newport
 Johnson, Mrs. W. A.....Perrysville

Rockville

Bloomer, Mrs. J. R.....115 N. Market
 Bloomer, Mrs. R. S.....502 W. York
 Dowell, Mrs. Emil H.....708 W. Ohio St.
 Harstad, Mrs. C.....515 W. High
 Merrell, Mrs. Basil M.....516 S. Market St.
 Pace, Mrs. J. V.....Indiana State Sanitorium
 Pirkle, Mrs. H. B.....State Sanitorium

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton
 Gailey, Mrs. Ivan L.....Chrisney
 Glackman, Mrs. John C.....207 Center St., Rockport

Tell City

Coultas, Mrs. P. J.	809 Main
Dome, Mrs. Hardin S.	147 11th St.
Dukes, Mrs. David A.	521 Main
Glenn, Mrs. F. C.	436 Main
James, Mrs. John Mark	26 11th St.
James, Mrs. N. A.	740 Ninth St.
Lally, Mrs. B. V.	622 Main
Lashley, Mrs. D. L.	606 Ninth
Lohoff, Mrs. Lewis C.	425 10th St.
Neifert, Mrs. Noel L.	1118 Blum

Snyder, Mrs. E. R.	Troy
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PORTER COUNTY**Chesterton**

Ashmore, Mrs. Herbert C.	317 Bowser
Dale, Mrs. Joseph W.	422 Lincoln
Griffin, Mrs. Joseph	W. Porter Ave.
Hall, Mrs. Thomas	Dune Acres
Harless, Mrs. C. M.	123 W. Indiana Ave.
Robertson, Mrs. W. C.	600 E. Morgan

Valparaiso

Brown, Mrs. J. C.	458 Park Ave.
Davis, Mrs. Carl	202 Indiana
DeGrazia, Mrs. E. J.	410 Washington
Dittmer, Mrs. Thomas L.	RFD No. 4
Douglas, Mrs. George R.	404 Washington
Green, Mrs. Leonard	204 Fair
LaRocca, Mrs. Joseph	402 Erie
Maternowski, Mrs. C. J.	R. R. 4
Milroy, Mrs. Robert	157 McIntyre
O'Neill, Mrs. Martin J.	301 Washington
Poncher, Mrs. Henry	810 LaPorte Ave.
Seipel, Mrs. Herman O.	302 Lafayette
Stoltz, Mrs. Robert	501 Lincolnway
Vietzke, Mrs. Paul	60 Jefferson St.

PUTNAM COUNTY

Veach, Mrs. Lester W.	Bainbridge
Veach, Mrs. Richard L.	Bainbridge
Gray, Mrs. Clyde	Cloverdale

Greencastle

Dettloff, Mrs. Frederick R.	Highfall Ave.
Fuson, Mrs. W. J.	108 Northwood Blvd.
Johnson, Mrs. James B.	314 Highfall Ave.
Rhea, Mrs. Gilbert D.	126 E. Washington
Schauwecker, Mrs. Cleon M.	613 Ridge Ave.
Steele, Mrs. Dick J.	207 Northwood Blvd.
Tennis, Mrs. George T.	602 S. Jackson
Tipton, Mrs. William R.	103 Northwood Blvd.
Wiseman, Mrs. V. Earle	6 Durham

RANDOLPH COUNTY**Farmland**

Nixon, Mrs. Bryon	N. Main
White, Mrs. Harvey E.	S. Main

Lynn

Harmon, Mrs. Wayne	113 W. Church
Jordan, Mrs. Leo E.	209 W. Church
Slick, Mrs. Crystal R.	104 E. Sherman
Potter, Mrs. Richard M.	120 Walnut, Ridgeville

Union City

Chambers, Mrs. Leroy B.	800 N. Columbus
Matheus, Mrs. Charles G.	1010 N. Plum
Phipps, Mrs. Leland K.	516 N. Howard
Reid, Mrs. Robert W.	706 W. Division
Rothermel, Mrs. Harold	729 N. Columbia
Wagoner, Mrs. B. D.	701 W. Division

Shallenberger, Mrs. H. R.	Modoc
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Winchester

Brenner, Mrs. Andrew M.	213 S. East
Dininger, Mrs. W. S.	303 S. Main
Engle, Mrs. Russell B.	R. R. 2
Hannah, Mrs. Charles W.	544 W. Franklin
Painter, Mrs. Lowell W.	507 S. Main
Sparks, Mrs. Paul W.	601 W. Will
Spitler, Mrs. C. A.	417 N. Howard

RIPLEY COUNTY

Bingham, Mrs. John C.	102 Depot St., Batesville
Hisrich, Mrs. L. W.	

Maplewood & Henry, Batesville

Conrad, Mrs. Henry W.	Milan
Hunter, Mrs. G. L.	Milan
Row, Mrs. George	Osgood
Smith, Mrs. Lee R.	Osgood
McConnell, Mrs. William	Sunman
Moran, Mrs. N. D.	Versailles

RUSH COUNTY

McNabb, Mrs. George	Carthage
McNabb, Mrs. Richard	Carthage
Worth, Mrs. C. Willard	Milroy

Rushville

Atkins, Mrs. C. C.	410 N. Perkins
Corpe, Mrs. Kenneth F.	R. R. 4
Deerhake, Mrs. Mabel	235½ W. 3rd St.
Denny, Mrs. Melvin	124 E. 12th
Ellis, Mrs. Davis	721 N. Perkin
Green, Mrs. Frank	516 N. Morgan
Hoover, Mrs. Eugene	235½ W. Third
Johnson, Mrs. Robert I.	841 N. Harrison
Kay, Mrs. George	1206 N. Morgan
Kennedy, Mrs. R. O.	1004 N. Main
Kiplinger, Mrs. J. R.	1301 N. Main
Lee, Mrs. John	914 N. Morgan
Norris, Mrs. Marvin	620 N. Morgan
Nutter, Mrs. W. H.	1003 N. Morgan
Shanks, Mrs. Roy E.	1110 N. Morgan

SHELBY COUNTY

Nigh, Mrs. R. M.	Fairland
Davis, Mrs. John A.	Flat Rock
Jean, Mrs. Thomas A.	Morristown

Shelbyville

Alden, Mrs. John O.	112 W. Mechanic St.
Barnum, Mrs. Emerson	310 Howard St.
Dalton, Mrs. Wilson L.	401 Sunset Dr.
Gehres, Mrs. Robert W.	610 Shelby
Grove, Mrs. E. G.	242 W. Broadway
Inlow, Mrs. C. Fred	630 S. Harrison
Inlow, Mrs. Herbert H.	212 N. Harrison
Inlow, Mrs. W. D.	Spring Hill Rd.
McFadden, Mrs. Walter C.	28 W. Mechanic
Miller, Mrs. R. C.	17 W. Mechanic
Phares, Miss Frances	408 S. Harrison
Richard, Mrs. Norman F.	45 W. Washington
Scott, Mrs. V. B.	R. R. 2
Silbert, Mrs. David B.	623 S. West
Spindler, Mrs. Robert D.	165 W. Mechanic
Tindall, Mrs. Paul R.	164 W. Franklin
Tindall, Mrs. W. R.	616 S. Harrison
Whitcomb, Mrs. Roger F.	413 W. South

STARKE-PULASKI COUNTIES

Leinbach, Mrs. Earl	Hamlet
De Naut, Mrs. James	4 N. Heaton, Knox
Henry, Mrs. Howard	308 W. New York St., Knox
Ingwell, Mrs. Guy	201 S. Heaton St., Knox
McClure, Mrs. Clark	R. R. No. 1, Knox
Matthew, Mrs. J. Robert	516 Keller, North Judson

ST. JOSEPH COUNTY

Thornton, Mrs. M. J.....R. R. 2, Bremen

Mishawaka

Backs, Mrs. Mark Francis.....1133 Lincolnway E.
Cline, Mrs. Kenneth L....R. R. No. 2, Ireland Trail
Fujawa, Mrs. M. J.....721 Lincoln Way E.
Martin, Mrs. Chas. F., Jr.....2125 Linden Ave.
Barone, Mrs. C. V.....R. R. 2, Bremen Highway
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Goethals, Mrs. C. J.....602 Lincolnway W.
McDonald, Mrs. R. M.....E. Jefferson Rd.
Orr, Mrs. W. Robert.....1335 Prospect Dr.
Proudfit, Mrs. C. H.....R. R. 2, Ireland Trail
Reed, Mrs. Robert.....R. R. No. 1, Capital Ave.
Sirlin, Mrs. Edward M....R. R. 19, E. Jefferson Rd.
Spalding, Mrs. Wendell L.....617 Webster
Templeton, Mrs. Ames R.....522 Calhoun
Walters, Mrs. Charles E.....R. R. 2, Ireland Rd.
Whitlock, Mrs. Francis.....304 Lincoln Way E.
Whitlock, Mrs. Merle E.....123 W. Fourth
Wurster, Mrs. H. C.....221 E. Third
Wygant, Mrs. M. D.....R. R. 1
Wyland, Mrs. B. J.....510 Calhoun
Zimmer, Mrs. H. J.....333 Edgewater Dr.

Bassler, Mrs. C. R.....R. R. 4, Niles, Mich.
Houser, Mrs. D. S....R. R. 2, Box 167, North Liberty

South Bend

A

Abel, Mrs. J. A.....825 W. Colfax
Acker, Mrs. Robert B.....103 S. Ironwood
Arisman, Mrs. R. K.....1615 E. Colfax

B

Backs, Mrs. Alton J.....1953 Inglewood Place
Balla, Mrs. Morris.....1516 E. Wayne
Baran, Mrs. Charles.....1430 E. Wayne
Bechtold, Mrs. S. E.....313 Pendle
Bell, Mrs. H. D.....1046 Georgiana St.
Bennett, Mrs. Jene R.....1072 Woodward
Berke, Mrs. Robert D.....2510 Erskine Blvd.
Biasini, Mrs. B. A.....149 Glendale Rd.
Bickel, Mrs. David A.....1335 E. Wayne St.
Birmingham, Mrs. P. J.....1126 E. Irvington
Bishop, Mrs. C. Allen.....1301 Garland Rd.
Bixler, Mrs. Louis C.....1817 Portage
Blackburn, Mrs. Erwin.....1340 E. Madison Ave.
Bodnar, Mrs. Leslie M.....1843 Portage Ave.
Bryan, Mrs. Robert J.....604 E. Ewing
Buchanan, Mrs. Wallace D..1326 E. Wayne St., N.
Buechner, Mrs. Fred W.....603 W. Marion
Bussard, Mrs. C. F.....329 W. Madison
Bussard, Mrs. Frank.....510 S. Sunnyside Ave.
Butts, Mrs. Milton.....118 N. Walnut St.

C

Carter, Mrs. F. R. N.....2000 E. Jefferson Blvd.
Cassaday, Mrs. J. V.....536 S. Sunnyside
Chamblee, Mrs. R. W.....1120 Sorin St.
Clark, Mrs. Stanley A.....1242 E. Jefferson Blvd.
Clark, Mrs. W. H.....1336 E. Wayne, No.
Colip, Mrs. George D.....300 David
Condit, Mrs. D. H.....1521 E. Wayne
Cook, Mrs. Gordon C.....1620 Southwood Ave.
Crow, Mrs. Earl.....1111 W. Darden Rd.
Custer, Mrs. Edward W.....1111 Darden Rd.

D

Denham, Mrs. Robert H.....1429 E. Wayne
Dietl, Mrs. Ernest L.
R. R. 2, Box 491, Country Club Rd.
Dodd, Mrs. Robert D.....1017 Kinyon St.
Dolezal, Mrs. Bernard J.....815 Park Ave.

Donnelly, Mrs. Everett R. R. 6, Box 51B, Miami Rd.
Duggan, Mrs. James A.....110 Peashway
Dunlap, Mrs. D. Logan.....123 North Shore Dr.

E

Ebin, Mrs. J. L.....1223 N. Lawrence
Edwards, Mrs. Bernard E.....1341 E. Wayne
Egan, Mrs. Sherman L.....944 Riverside Dr.
Ellison, Mrs. Alfred.....1518 E. Colfax Ave.
English, Mrs. J. Paul.....3116 Robinhood Lane
Erickson, Mrs. G. Walter.....217 Wildmere Dr.
Erickson, Mrs. L. G.....1212 E. Woodside

F

Faltin, Mrs. L.....302 S. Coquillard Dr.
Farner, Mrs. James.....1335 Looper Ave.
Feldman, Mrs. Max.....702 N. Lafayette Blvd.
Filipek, Mrs. Walter.....2513 Lincoln Way West
Firestein, Mrs. Ben Z.....124 N. Eddy
Firestein, Mrs. Ray.....2901 Miami St.
Fish, Mrs. C. M.....224 Swanson Circle
Fish, Mrs. Edson C.....536 Summers Dr.
Fisher, Mrs. L. F.....1717 E. Colfax
Frank, Mrs. Herbert.....2616 S. Twyckenham Dr.
Frank, Mrs. L. L.....534 N. Lafayette Blvd.
Frash, Mrs. D. W.....1235 E. Wayne, So.
Frey, Mrs. W. B.....617 Northwood Dr.
Friedman, Mrs. Morris S.....1601 E. Cedar

G

Gates, Mrs. George E....411 W. North Shore Dr.
Gilman, Mrs. Marcus.....1925 E. Jefferson Blvd.
Giordano, Mrs. A. S.....1518 E. Colfax Ave.
Godersky, Mrs. George.....2744 Sampson
Goraczewski, Mrs. T. C.....1016 W. Washington
Graf, Mrs. John P.....424 Peashway
Green, Mrs. George F.....1515 E. Wayne
Green, Mrs. Norvel E.....1726 E. LaSalle
Grillo, Mrs. Donald.....1832 N. Adams
Grorud, Mrs. Alton C....129 W. North Shore Dr.

H

Haley, Mrs. Paul E.....R. R. 2, Country Club Dr.
Hall, Mrs. James M.....1438 E. Monroe St.
Hamilton, Mrs. Charles O.....1498 Northern
Harmon, Mrs. V. E.....3221 Mishawaka
Haugseth, Mrs. E. K.....418 Marquette Ave.
Helmen, Mrs. Harry W.....120 Franklin Place
Helmer, Mrs. John.....1825 Wilbur
Hilbert, Mrs. John W.....410 W. Washington
Hildebrand, Mrs. J. O.....1307 E. Ewing Ave.
Hill, Mrs. Theodore.....1734 Portage Ave.
Hillman, Mrs. Marion W....1516 Marquette Blvd.
Holtzman, Mrs. Norman.....3123 S. Michigan St.
Hyde, Mrs. C. C.....1521 E. Colfax

J

Johns, Mrs. N. C.....1329 N. St. Joseph St.

K

Kamm, Mrs. Bernard.....125 W. Marion St.
Karn, Mrs. John W.....1535 Wall St.
Klahr, Mrs. Ellsworth E.....1422 McKinley
Knede, Mrs. Kenneth T....R. R. 2, Country Club Dr.
Krueger, Mrs. John E.....1206 N. Lawrence
Kuhn, Mrs. Frederick L.....1215 S. Michigan St.

L

Lamb, Mrs. Leonard.....1009 E. Jefferson Blvd.
Lane, Mrs. William H.....845 Park
Lang, Mrs. Joseph E.....505 Dixie Hwy., No.
Langenbahn, Mrs. Carl J..2902 S. Twyckenham Dr.
Levatin, Mrs. B. J.....3503 Brookhurst
Levkoff, Mrs. Abner.....3239 Essex Dr.
Lionberger, Mrs. John R..1419 E. Jefferson Blvd.
Liss, Mrs. Emanuel.....1612 E. Madison
Lockhart, Mrs. Philip.....1311 E. Monroe St.
Lyons, Mrs. Robert C.....2826 Southeast Dr.

M

Mason, Mrs. Bernard A.....2719 Marine St.
 McCraley, Mrs. W. J.....2420 Erskine Blvd.
 Metcalfe, Mrs. G. E.....1209 E. Wayne, No.
 Miller, Mrs. Milo K.....1018 E. Oakside
 Mott, Mrs. C. A.....2733 Lincolnway West
 Mueller, Mrs. H. M.....3525 Windingwood Dr.
 Murphy, Mrs. Eugene C.....1411 Sunnymede

N-O

Nelson, Mrs. F. D...R. R. 6, Box 8, S. Ironwood Dr.
 Nelson, Mrs. Raymond E.....1909 E. Madison
 Olson, Mrs. Kenneth.....1228 E. Woodside

P

Parshall, Mrs. Dale.....2728 Hoke
 Parsons, Mrs. Robert.....1464 Ridgedale Rd.
 Pauszek, Mrs. Thomas B.....916 Riverside Dr.
 Peltier, Mrs. Hubert.....416 Manchester Dr.
 Petrass, Mrs. Andrew.....3115 Prairie Ave.
 Plain, Mrs. George.....2280 Ponader Dr.
 Potter, Mrs. Thomas P.....1707 Hamilton
 Pyle, Mrs. H. Dale.....115 N. Sunnyside

R

Rigley, Mrs. Edward L.....2161 Dixie Hwy., No.
 Rodin, Mrs. H. H.....1138 E. Wayne, So.
 Rosenheimer, Mrs. George M.....1425 E. Woodside
 Rubens, Mrs. Eli.....1331 E. Victoria

S

Sanderson, Mrs. Robert B...1331 Sunnymede Ave.
 Sandock, Mrs. I.....125 W. Marion
 Sandock, Mrs. Louis E.....235 S. Esther St.
 Sandoz, Mrs. H. H.....239 S. Hawthorne Dr.
 Sandoz, Mrs. Louis A...304 S. Twyckenham Dr.
 Schiller, Mrs. Herbert A.....1813 E. Cedar
 Scott, Mrs. Frank M.....1220 E. Woodside
 Selby, Mrs. K. E.....1327 E. Wayne, No.
 Sensenich, Mrs. R. L.....128 S. Scott
 Sharp, Mrs. Merle C.....2410 Woodthrust
 Shelley, Mrs. Edward S.....207 S. Taylor St.
 Shriner, Mrs. Richard L.....432 N. Lafayette
 Slominski, Mrs. Harry H.....1862 College St.
 Spenner, Mrs. R. W.....125 S. Esther St.
 Stiver, Mrs. Dan D.....1127 E. Wayne St. N.
 Stogdill, Mrs. William.....102 S. Coquillard
 Stratigos, Mrs. Joseph S.....2602 South Bend

T

Thompson, Mrs. John M.....1618 Cedar
 Thompson, Mrs. Robert A.....1726 E. Cedar
 Tirman, Mrs. Wallace...1224 E. Wayne St., No.
 Traver, Mrs. P. C.....1010 Riverside Dr.

V-W-Z

Vagner, Mrs. S. Bernard.....324 N. Birdsall St.
 Vurpillat, Mrs. F. J.....2102 E. Cedar
 Walker, Mrs. Edwin M., Jr.....1114 Stanfield
 Weiss, Mrs. Eugene.....2517 S. Michigan St.
 Wilson, Mrs. James M.....1416 E. Monroe St.
 Zeiger, Mrs. Irwin L.....1205 E. Irvington

TIPPECANOE-WHITE COUNTIES

Derhammer, Mrs. G. L.....Brookston

Lafayette

Bayley, Mrs. R. D.....725 S. 11th
 Bolin, Mrs. R. C.....2404 Crestview Ct.
 Dubois, Mrs. Ramon.....519 Calvert Lane
 Flack, Mrs. R. A.....627 Central
 Frey, Mrs. Harley.....927 Highland
 Graham, Mrs. Thomas.....1213 Wea
 Gripe, Mrs. Richard.....1623 S. Fifth
 Harter, Mrs. Eli B.....918 King
 Holladay, Mrs. L. J.....1403 S. 14th St.
 Hunsberger, Mrs. W. Glenn.....625 Kossuth St.
 Johnson, Mrs. Herbert.....712 Cherokee

Jones, Mrs. David.....2055 S. Ninth
 Karberg, Mrs. Richard J.....1600 Potomac
 Klepinger, Mrs. Harry E.....909 N. 21st
 Kohne, Mrs. Robert.....1001 Potomac
 Mather, Mrs. Charles.....509 S. 30th St.
 McAdams, Mrs. Hugh.....2110 Birch Lane
 McAdams, Mrs. Robert.....1507 Central
 McClelland, Mrs. D. C.....1021 Highland
 McKinley, Mrs. Joseph.....2320 E. Main St.
 Morrison, Mrs. J. S.....422 N. Seventh
 Neumann, Mrs. Kenneth.....1410 S. 18th
 Ratcliff, Mrs. Frank W.....1000 Wea
 Rothrock, Mrs. Philip.....605 Lingle Ave.
 Sholty, Mrs. William M.....Shadeland Farm Rd.
 Trout, Mrs. Carl J.....800 State
 Van Reed, Mrs. Earl.....801 S. 9th St.
 Vermilya, Mrs. R. W.....Cedar Bluff Rd.
 Williams, Mrs. Robert E.....1502 Cason St.
 Witham, Mrs. Robert.....1420 Adams

West Lafayette

Bayley, Mrs. William.....622 Rose
 Burns, Mrs. John T.....Country Farm Road
 Bush, Mrs. J. A.....209 Northwestern Ave.
 Calvert, Mrs. R. R.....308 Park Lane
 Engeler, Mrs. James E.....1316 N. Grant
 Ferguson, Mrs. William B...430 Forest Hill Dr.
 Gery, Mrs. R. D.....306 Park Lane
 Harden, Mrs. Murray.....610 Carrollton
 Hughes, Mrs. Richard R.....908 Carrollton Blvd.
 Johnson, Mrs. Lowell.....482 Maple
 Klatch, Mrs. Ben Z.....1504 N. Grant
 Marsh, Mrs. George.....Happy Hollow Road
 Marsh, Mrs. Wm. L.....1501 Ravinia Rd.
 McFadden, Mrs. James.....1424 N. Salisbury
 Miller, Mrs. Roland.....600 Ridgewood Dr.
 Peyton, Mrs. Frank W.....612 Ridgewood Dr.
 Schuck, Dr. Cecilia.....403½ Waldron St.
 Stahl, Mrs. E. T.....324 Park Lane
 VanBuskirk, Mrs. E. L.....1301 Ravinia Rd.
 Washburn, Mrs. W. W.....209 Forest Hill Dr.

McClure, Mrs. S. F.....Monon
 Dickerson, Mrs. Martin W.....

806 N. Illinois, Monticello

Lind, Mrs. Jaap.....Mulberry
 Mitchell, Mrs. E. T.....Romney
 Wellwe, Mrs. Ralph.....Rossville
 Babb, Mrs. Forrest J.....Stockwell

VANDERBURGH COUNTY

(Southwestern)

Purcell, Mrs. Jack.....R. R. 5, Boonville
 Stover, Mrs. Wendell C.....Boonville

Evansville

A

Acre, Mrs. Robert R.....2311 Lincoln
 Adler, Mrs. Ray N.....1660 Lincoln
 Allenbaugh, Mrs. A. E.....3218 E. Mulberry
 Anderson, Mrs. Milton H...Evansville State Hosp.
 Antes, Mrs. Earl H.....1201 Bonnieview Dr.
 Antonetti, Mrs. John.....510 Helfrigh Lane
 Austin, Mrs. Eugene W....2163 Bayard Park Dr.

B

Baker, Mrs. Mason.....900 Bellemeade Ave.
 Ballas, Mrs. Wm. A.....2800 Capitol Blvd.
 Barnhart, Mrs. Willard T.....507 Boeke Rd.
 Beck, Mrs. Robert E.....1161 S. Lombard Ave.
 Begley, Mrs. Joseph W.....700 Blue Ridge Rd.
 Bender, Mrs. M. J.....1911 Optimist Dr.
 Bennett, Mrs. Abner P.....961 Blue Ridge Rd.
 Bissonette, Mrs. Roger P.....911 Colony Rd.
 Britt, Mrs. Robert.....6416 Arcadian Hwy.
 Brockmole, Mrs. Arnold W.....517 Edgar St.

Bryan, Mrs. Stanton L. 3211 E. Mulberry
 Buchholz, Mrs. Ransom R. 1023 Taylor
 Buehner, Mrs. Donald. 1200 Bonnieview Dr.
 Buikstra, Mrs. C. R. R. R. 5, Box 215
 Burnikel, Mrs. Ray H. 960 S. Rotherwood Ave.

C

Cacia, Mrs. John J. 420 S. Boeke Rd.
 Caldwell, Mrs. William C. 643 College Hwy.
 Clements, Mrs. A. F. 3315 Lincoln
 Clouse, Mrs. Paul A. 2066 Bayard Park Dr.
 Cockrum, Mrs. William M. 1414 Parkside Dr.
 Coleman, Mrs. Joseph E. 2831 Wayside Dr.
 Combs, Mrs. Herman. 915 S. Red Bank Rd.
 Corcoran, Mrs. P. J. V. 2412 E. Chandler
 Crawford, Mrs. James. 2713 N. Shore Dr.
 Crevello, Mrs. Albert J. 1664 Lincoln
 Cullnane, Mrs. Chris W. 3020 Mt. Vernon Rd.

D

Daves, Mrs. W. Lawrence. 708 College Hwy.
 Davidson, Mrs. Harold H. 800 Blue Ridge Rd.
 Deems, Mrs. Myers. 741 Bayard Park Dr.
 Denzer, Mrs. Edward K. 540 Scenic Dr.
 Denzer, Mrs. W. O. 923 Bellemeade
 Dieckman, Mrs. Herbert S. 1101 Harrelton Ct.
 Dodd, Mrs. R. K. 1705 S. New Green River Rd.
 Drake, Mrs. Dale W. 1911 Optimist Dr.
 Dycus, Mrs. Walter A. 330 Koring Rd.
 Dyer, Mrs. Wallace K. 812 St. James

E

Ehrich, Mrs. William S. 1500 S. Kentucky
 Engel, Mrs. Edgar L. 1411 E. Park Dr.

F

Faith, Mrs. Ira L., Jr. 725 S. E. Second St.
 Faul, Mrs. Henry. 725 S. Willow Rd.
 Faw, Mrs. Melvin L. 4307 Oak Dr.
 Fenneman, Mrs. Robert J. 1468 Bonnieview Ct.
 Fisher, Mrs. William C. 1319 S. Kentucky
 FitzGerald, Mrs. Maurice D. 924 Bayard Park Dr.
 Fitzsimmons, Mrs. E. L. 500 S. Boeke Rd.
 French, Mrs. William G. 844 Hoosier

G

Garland, Mrs. E. A. 719 Plaza Dr.
 Gaul, Mrs. L. Edward. 508 S. Boeke Rd.
 Getty, Mrs. William. 1009 N. Spring
 Giorgio, Mrs. Douglas J. 1018 Lincoln Ave.
 Griep, Mrs. Arthur H. 5414 Madison
 Guckien, Mrs. Joseph. 2054 Bayard Park Dr.

H

Hammond, Mrs. R. Case. 6820 Arcadian Hwy.
 Hare, Mrs. Daniel M. 2112 Lincoln
 Hart, Mrs. Paul. 1436 Lincoln
 Hartley, Mrs. C. A., Jr. 300 Hesmer Rd.
 Healy, Mrs. William F. 722 S. Willow Rd.
 Heinrich, Mrs. Weston. 1408 Lincoln Ave.
 Hendershot, Mrs. Eugene L. 4928 Conlin Ave.
 Hermayer, Mrs. Stephen. 1316 Bonnieview Dr.
 Herrmann, Mrs. Gordon T. 218 S. Spring St.
 Herzer, Mrs. C. C. 211 E. Mill Rd.
 Hoover, Mrs. Guy. 864 Lodge Ave.
 Huggins, Mrs. Victor. 520 S. Alvord
 Hyatt, Mrs. G. T. 1616 Mt. Auburn Rd.

J-K

Johnson, Mrs. Stephen L. 2215 Lincoln
 Kessler, Mrs. R. B. 1200 Harrelton Ct.
 Keys, Mrs. Lynn. 2808 Madison Ave.
 Kleindorfer, Mrs. R. L. 615 S. Willow Rd.

L

Laubscher, Mrs. Clarence. 6621 Kratzville Rd.
 Lawrence, Mrs. Joseph C. 1362 E. Chandler
 Leibunguth, Mrs. Henry. 1522 Adams Ave.

Leslie, Mrs. Ermil T. 3214 E. Mulberry St.
 Lindsey, Mrs. Sherman. 6830 Arcadian Hwy.
 Little, Mrs. Robert. 110 Evergreen Rd.
 Logan, Mrs. J. R. 503 First Ave.

M

Macer, Mrs. Clarence. 2800 W. Pennsylvania St.
 MacKenzie, Mrs. Pierce. 2300 E. Gum St.
 McCool, Mrs. J. H. 6314 Old State Rd.
 McDonald, Mrs. J. D. 4300 Lincoln
 Mehl, Mrs. Rudolph. 631 Blue Ridge Dr.
 Meyer, Mrs. Keith. 399 S. Alvord Blvd.
 Miller, Mrs. L. B. R. R. 6, Outer Lincoln
 Miller, Mrs. Milton. 8201 Newburgh Rd.
 Miller, Mrs. Minor. 701 S. Weinbach Ave.
 Miller, Mrs. Robert J. 701 Plaza Dr.
 Mills, Mrs. Fred. 555 S. Kelsey
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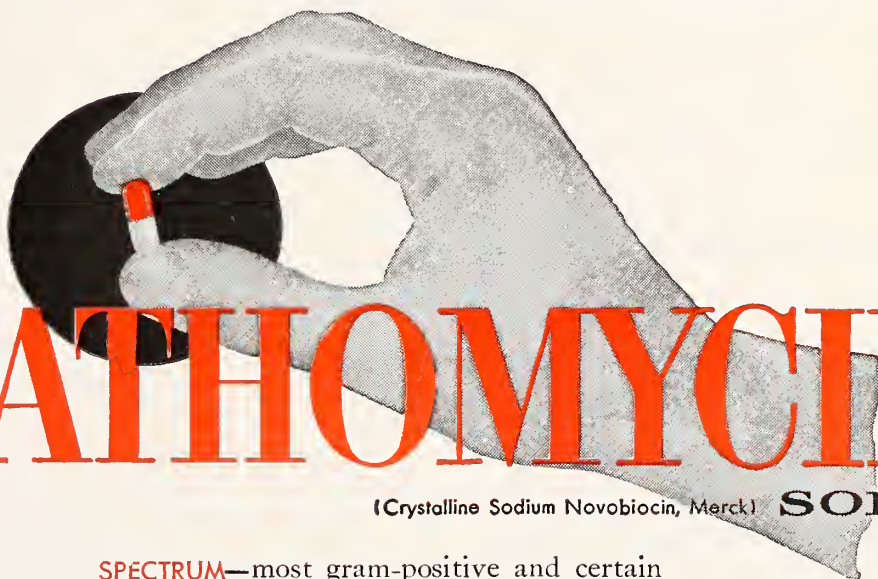
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Woodlawn Hospital.
624 Pontiac St., Rochester.
Miss Bernice I. Rannells, R.N., Adm.

GIBSON COUNTY

Gibson General Hospital.
419 W. State St., Princeton.
Mrs. Dorothy G. Adams, R.N., Adm.
Oakland City Hospital.
211 N. Gibson St., Oakland City.
M. A. Turner, M.D., Adm.

* Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.

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results are obtained with STERANE¹ — 3 to 5 times more active than hydrocortisone or cortisone.

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capacity is greatly enhanced. "Relief of symptoms is more complete and maintained for longer periods with relatively small doses."²

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of minerals and fluids usually remains undisturbed. This proves "especially advantageous in those patients with cardiac failure requiring therapy . . ."³

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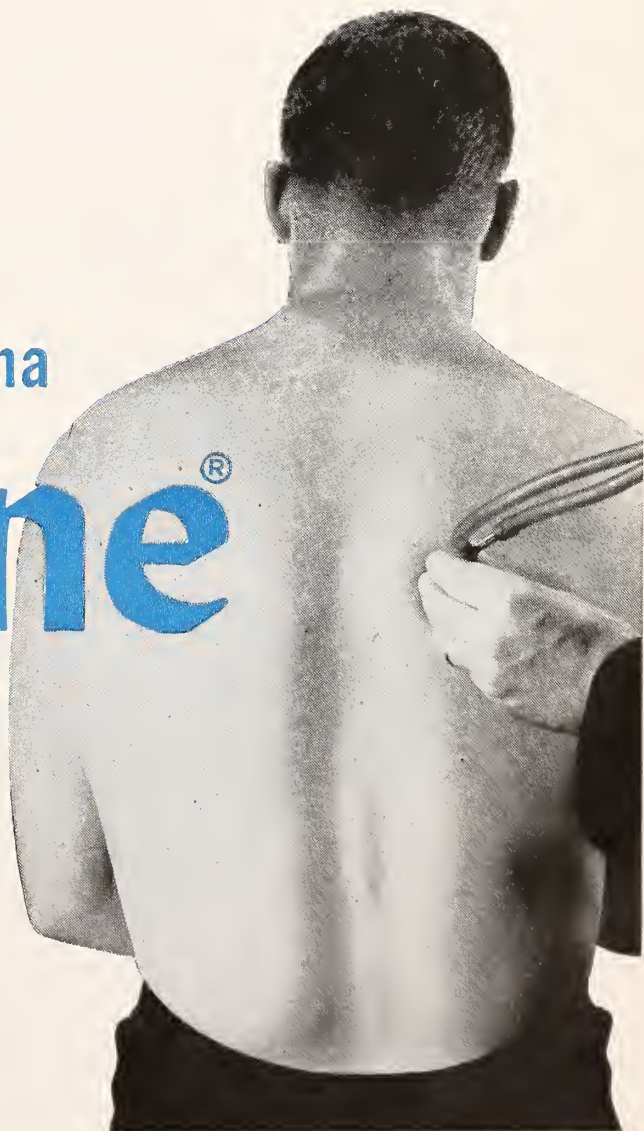
brand of prednisolone

Supplied: White, 5 mg. oral tablets, bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100. Both deep-scored.

1. Johnston, T. G., and Cazort, A. G.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

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GRANT COUNTY

Marion General Hospital.
Wabash and Euclid, Marion.
Roy C. House, Adm.

GREEN COUNTY

Freeman Greene County Hospital.
410 "A" St., N.E., Linton.
Mr. Avery Murray, Adm.

HAMILTON COUNTY

Riverview Hospital.
R.R. 4, Noblesville
Walter Sharpe, Adm.

HANCOCK COUNTY

Hancock County Memorial Hospital.
800 North Street, Greenfield.
Harold Burr, Adm.

HARRISON COUNTY

Harrison County Hospital.
Corydon.
Mrs. Elizabeth Browne, R.N., Adm.

HENRY COUNTY

Henry County Hospital.
Rural St., New Castle.
Mr. Herbert A. Schacht, Adm.
The Clinic.
1319 Church St., New Castle.
Walter M. Stout, M.D., Adm.

HOWARD COUNTY

St. Joseph Memorial Hospital.
1907 W. Sycamore St., Kokomo.
Sister Ann Rita, Adm.

HUNTINGTON COUNTY

Huntington County Hospital.
1215 Etna Ave., Huntington.
Carl S. Smyth, Adm.

JACKSON COUNTY

Jackson County Schneck Memorial.
Bruce and Poplar St., Seymour.
Ralph W. Keyes, Adm.

JASPER COUNTY

Jasper County Hospital.
216-224 S. Cullen St., Rensselaer.
Mrs. Ruth Schumaker, R.N., Adm.

JAY COUNTY

Jay County Hospital.
505 W. Arch St., Portland.
William H. Dowling, Adm.

JEFFERSON COUNTY

King's Daughters' Hospital.
112 Presbyterian Ave., Madison.
Edward F. Davis, Adm.

JOHNSON COUNTY

Johnson County Memorial Hospital.
R.R. 1, Franklin.
George P. Goshorn, Adm.

KNOX COUNTY

Good Samaritan Hospital.
410 S. 7th St., Vincennes.
Albert L. Boulenger, Adm.
Hillcrest Tuberculosis Hospital.
North 2nd St. Road, Vincennes.
J. Frank W. Stewart, M.D., Adm.

KOSCIUSKO COUNTY

McDonald Hospital.
Center and Argonne Road, Warsaw.
Miss Coral Anderson, Adm.
Murphy Medical Center.
101 W. Winona Ave., Warsaw.
Mrs. Samuel C. Murphy, Adm.

LAGRANGE COUNTY

LaGrange County Hospital.
LaGrange.
Miss Edythe L. Gappinger, R.N., Adm.

LAKE COUNTY

James O. Parramore Hospital.
R. R. 5, Crown Point.
Philip H. Becker, M.D., Adm.
The Methodist Hospital of Gary, Inc.
1600 W. 6th Ave., Gary.
Everett A. Johnson, Adm.
Our Lady of Mercy Hospital.
Lincoln Highway and Joliet St., Dyer.
Sister M. Clementia, Adm.
St. Catherine Hospital.
4321 Fir St., East Chicago.
Sister M. Vetusa, R.N., Adm.
St. Margaret Hospital.
25 Douglas St., Hammond.
Sister M. Flaviana, R.N., Adm.
St. Mary's Mercy Hospital.
540 Tyler St., Gary.
Mother M. Therese, Adm.

LAPORTE COUNTY

Fairview Hospital Association, Inc.
215 Pine Lake Ave., LaPorte.
Mr. Ernest I. Hoover, Adm.
Doctor's Hospital.
125-133 E. 5th St., Michigan City.
Miss Mildred Goers, Adm.
Holy Family Hospital.
205 "E" St., LaPorte.
Sister M. Reinolda, R.N., Adm.
St. Anthony Hospital.
Wabash and Ann Sts., Michigan City.
Sister M. Philotera, Adm.
Warren Hospital, Inc.
719 Franklin St., Michigan City.
Mr. Stanley E. Giese, Adm.

LAWRENCE COUNTY

Dunn Memorial Hospital.
1616 23rd St., Bedford.
Mrs. Helen Boyer, R.N., Adm.
Citizens Nursing Center.
431 Citizens Bank, Anderson.
Miss Clara M. Lenz, R.N., Adm.

MADISON COUNTY

Mercy Hospital.
1331 South "A" St., Elwood.
Sister Callista, Adm.
St. John's Hickey Memorial Hospital.
127 W. 19th St., Anderson.
Sister M. Petronilla, Adm.

MARION COUNTY**Indianapolis General Hospital.**

960 Locke St., Indianapolis.

Robert H. Lowe, M.D., Adm.

James Whitcomb Riley Hospital for Children.

I. U. Medical Center, 1040-1232 W. Michigan St., Indianapolis.

Mr. Edmund J. Shea, Adm.

Methodist Hospital of Indiana, Inc.

1604 N. Capitol Ave., Indianapolis.

Jack A. L. Hahn, Adm.

Robert W. Long Hospital.

I. U. Medical Center, 1040-1232 W. Michigan St., Indianapolis.

Mr. Edmund J. Shea, Adm.

St. Elizabeth's Maternity Hospital and Infant Home.

2500 Churchman Ave., Indianapolis.

Very Rev. August R. Fussenegger, Adm.

St. Francis Hospital.

Sherman Drive and Troy Ave., Beech Grove.

Sister M. Alexia, Adm.

St. Vincent's Hospital.

120 W. Fall Creek Parkway, Indianapolis.

Sister Lydia, Adm.

Suemma Coleman Home.

2044 N. Illinois St., Indianapolis.

Mrs. Ruth Henderson, Adm.

Marion County Tuberculosis Hospital.

Sunnyside Sanatorium, R.R. 12, Box 233, Indianapolis.

A. G. Popplewell, M.D., Adm.

William H. Coleman Hospital for Women.

I.U. Medical Center, 1040-1232 W. Michigan St., Indianapolis.

Mr. Edmund J. Shea, Adm.

Memorial Clinic of Indianapolis.

3202 N. Meridian St.

Miss Mildred Jane O'Donnell, R.N., Adm.

MARSHALL COUNTY**Community Hospital of German Township, Inc.**

411 Grant St., Bremen.

Mrs. Beverly Rains, R.N., Adm.

Parkview Hospital.

1401 N. Michigan St., Plymouth.

Miss Lela Diefenbaugh, R.N., Adm.

MIAMI COUNTY**Dukes-Miami County Hospital.**

12th and Grant Sts., Peru.

Robert Moss, Adm.

Wabash Employees Hospital Association.

North Broadway, Peru.

Mr. W. E. Gollings, Adm.

c/o Miss Bernice Pierson, Supervising Nurse

MONROE COUNTY**Bloomington Hospital.**

640 S. Rogers St., Bloomington.

Miss Anna G. Nelson, Adm.

MONTGOMERY COUNTY**Montgomery County Culver Union Hospital.**

308 Binford St., Crawfordsville.

Mr. Ralph M. Haas, Adm.

MORGAN COUNTY**Comer Sanitarium.**

130 N. Indiana St., Mooresville.

K. E. Comer, M.D., Adm.

Morgan County Memorial Hospital.

190 S. Main St., Martinsville.

Mrs. Crystal L. LaBonte, R.N., Adm.

NOBLE COUNTY**Luckey Hospital.**

Wolflake.

James R. Roth, M.D., Adm.

Kneipp Springs Sanatorium.

Rome City.

Sister M. Pancratia, Adm.

McCray Memorial Hospital.

Hospital Drive, Kendallville.

Miss Bertha E. Dean, R.N., Adm.

ORANGE COUNTY**Paoli Hospital Foundation, Inc.**

308 E. Main St., Paoli.

Ivan A. Clark, M.D., Adm.

PARKE COUNTY**Indiana State Sanatorium.**

R.R. 1, Rockville.

J. V. Pace, M.D., Adm.

PERRY COUNTY**Perry County Memorial Hospital.**

Star Route, Tell City, Ind.

Robert G. Gilbert, M.D., Adm.

PORTER COUNTY**Porter Memorial Hospital.**

814 LaPorte Ave., Valparaiso.

Arthur S. Malesto, Adm.

PULASKI COUNTY**Carneal's Private Hospital.**

111 N. Monticello St., Winamac.

Thomas E. Carneal, M.D., Adm.

PUTNAM COUNTY**Putnam County Hospital.**

322 Greenwood Ave., Greencastle.

Miss Clarice L. Bemis, R.N., Dir. of Nurses

RANDOLPH COUNTY**Randolph County Hospital.**

Oak Street, Winchester.

Mr. Vernon W. Hyer, Adm.

Union City Hospital.

702 W. Division St., Union City.

Miss Kathryn E. Larrance, Adm.

RIPLEY COUNTY**Margaret Mary Hospital.**

Rosemont Division, Batesville.

Sister M. Felicitas, Adm.

The Whitlatch Clinic and Hospital, Inc.

Milan.

Henry W. Conrad, M.D., Adm.

RUSH COUNTY**Rush Memorial Hospital.**

Main at 13th St., Rushville.

Miss Nina Basso, R.N., Dir. of Nurses.

SCOTT COUNTY**Napper Hospital.**

69 Wardell St., Scottsburg.

Floyd S. Napper, M.D., Adm.

SHELBY COUNTY**William S. Major Hospital.**

150 W. Washington St., Shelbyville.

Mrs. Frances Pruitt, R.N., Adm.

ST. JOSEPH COUNTY**Healthwin Hospital.**

1111 West Darden Road, South Bend.

E. W. Custer, M.D., Adm.

Northern Indiana Children's Hospital.

1234 N. Notre Dame Ave., South Bend.

John C. Van Metre, Adm.

Memorial Hospital of South Bend.

604 N. Main St., South Bend.

Mr. Richard W. Trenkner, Adm.

St. Joseph Hospital.

1215 W. 4th St., Mishawaka.

Sister M. Reginalda, R.N., Adm.

St. Joseph's Hospital.

401 N. Notre Dame Ave., South Bend.

Sister M. Nazarita, R.N., Adm.

South Bend Osteopathic Hospital.

118 S. William St., South Bend.

A. F. Kull, D.O., Adm.

STARKE COUNTY**Starke Memorial Hospital.**

Culver Road, Knox.

Lynn L. Landis, Adm.

STEUBEN COUNTY**Cameron Hospitals, Inc.**

416 E. Maumee, Angola.

Mrs. Daisy McCallister, R.N., Adm.

Elmhurst Hospital, Inc.

609 W. Maumee, Angola.

Mrs. Marie Hosack, R.N., Adm.

SULLIVAN COUNTY**Mary Sherman Hospital.**

320 N. Section St., Sullivan.

John M. Shaw, Acting Adm.

TIPPECANOE COUNTY**Indiana State Soldiers Home Hospital**

Lafayette

Joseph Plant, M.D., Adm.

Lafayette Home Hospital.

2400 E. South St., Lafayette.

Mr. T. E. Berg, Adm.

St. Elizabeth Hospital.

1021 N. 14th St., Lafayette.

Sister M. Amelia, R.N., Adm.

William Ross Sanatorium.

R.R. 6, State Road No. 52, Lafayette.

J. W. Strayer, M.D., Adm.

TIPTON COUNTY**Tipton County Memorial Hospital.**

South Main Street, Tipton.

Mr. Harry L. Gable, Adm.

VANDEBURGH COUNTY**Boehne Tuberculosis Hospital.**

Upper Mount Vernon Road, Zone 12, Evansville.

Paul D. Crimm, M.D., Adm.

Protestant Deaconess Hospital.

600-700 Mary St., Evansville.

Albert G. Hahn, L.H.D., Adm.

St. Mary's Hospital, Inc.

3700 Washington Ave.

Sister Justina, Adm.

Welborn Memorial Baptist Hospital, Inc.

412 S.E. 4th St., Evansville.

Nolan R. Lackey, Adm.

VERMILLION COUNTY**Vermillion County Hospital.**

800 S. Main St., Clinton.

Miss Beulah Fisher, R.N., Adm.

VIGO COUNTY**Florence Crittendon Home and Hospital.**

1923 Poplar St., Terre Haute.

Mrs. Arlie L. Dwyer, R.N., Adm.

Hoover Sanatorium.

2144 8th Ave., Terre Haute.

D. A. Hoover, M.D., Adm.

St. Anthony Hospital.

1021 S. 6th St., Terre Haute.

Sister M. Ludolpha, Adm.

Union Hospital, Inc.

7th St. at 8th Ave., Terre Haute.

Ellen E. Church, R.N., Adm.

WABASH COUNTY**Wabash County Hospital.**

670 N. East St., Wabash.

Mrs. E. A. Ford, Actg. Adm.

WARREN COUNTY**The Community Hospital.**

412 N. Monroe St., Williamsport.

Mrs. Nellie O. Rudolph, Adm.

WASHINGTON COUNTY**Washington County Memorial Hospital.**

Shelby Street, Salem.

Harry M. Voyles, Adm.

WAYNE COUNTY**Reid Memorial Hospital.**

Spring Grove, Richmond.

Mr. Frank G. Sheffler, Adm.

Smith Esteb Memorial Hospital.

R. R. No. 4, Liberty Pike, Richmond.

James Kaler, Jr., M.D., Adm.

WELLS COUNTY**Clinic Hospital.**

309 S. Main St., Bluffton.

Mrs. Eileen Stipp, Adm.

Wells County Hospital.

1116 S. Main St., Bluffton.

Mrs. Dorothy Elett, R.N., Adm.

WHITE COUNTY**White County Memorial Hospital**

Monticello

William R. Saunders, Adm.

WHITLEY COUNTY**Memorial Hospital.**

215 E. Van Buren St., Columbia City.

Mr. Carl F. Arnston, Adm.

Whitley County Memorial Hospital.

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ACCREDITED SCHOOLS OF NURSING

School of Nursing and Hospital, University or College with which School is connected	Location	Director, School of Nursing	Daily Ave. Patient Census
xxx Baptist Hospital—			
Evansville College	Evansville	Miss Mildred C. Boeke, R.N.	135
Protestant Deaconness	Evansville	Miss Elsie Norman, R.N.	263.4
a St. Mary's Hospital	Evansville	Sister Catherine, R.N.	153.9
* Welborn Memorial Baptist	Evansville	Mrs. Madeline T. Kinney, R.N.	135
Lutheran	Fort Wayne	Helen J. Succop, R.N.	208.5
a Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	220
a St. Joseph	Fort Wayne	Sister M. Theodorita, R.N.	279.4
ab Methodist	Gary	Mrs. Margaret C. Thomas, R.N.	258
a St. Mary's Mercy	Gary	Sister M. Lourdes, R.N.	230.6
abxxx Goshen College	Goshen	Miss Orpah B. Mosemann, R.N.	
a St. Margaret	Hammond	Sister M. Florianne, R.N.	263
a Indiana University	Indianapolis	Miss Crystal Halstead, R.N.	486.3
a Indianapolis General	Indianapolis	Mrs. Edna M. Wilson, R.N.	534
a Methodist	Indianapolis	Miss Fredericka E. Koch, R.N.	660
a St. Vincent's	Indianapolis	Sister Clare, R.N.	276.6
* Lafayette Home	Lafayette	Miss Lucille H. Johnson, R.N.	111.9
b St. Elizabeth's	Lafayette	Sister M. Huberta, R.N.	219
ab Ball Memorial	Muncie	Miss Janet H. Froome, R.N.	258
a Holy Cross Central School	Notre Dame	Sister M. Amadeo, R.N.	
Unit Hospitals of the Central School:			
St. John's Hickey Memorial			
Hospital	Anderson		222.9
St. Joseph's Memorial Hospital	Kokomo		137
St. Joseph's Hospital	South Bend		163.9
Our Savior's Hospital,			
Jacksonville, Illinois			99
abxxx St. Mary's College	Notre Dame	Sister M. Amadeo, R.N.	
a Reid Memorial	Richmond	Miss Louise Dingwerth, R.N. Actg.	185
Memorial	South Bend	Miss Florence G. Young, R.N.	213
ab St. Anthony	Terre Haute	Sister Mary Delphina, R.N.	169
b Union Hospital	Terre Haute	Miss Prudence Appelman, R.N.	184
Good Samaritan	Vincennes	Miss Lucretia M. Brian, R.N. Acting	164.7

ACCREDITED PRACTICAL NURSE SCHOOLS

ab Purdue University, Calumet Center Practical Nurse Training Program	2233 171st St., Miss Mary Ruth Maginsky, R.N., Hammond, Indiana
ab Indianapolis Public Schools School of Practical Nursing	501 S. Meridian St., Miss Fern A. Goulding, R.N., Indianapolis, Indiana
ab Muncie School of Practical Nursing	2300 W. Gilbert St., Miss Mary Johnson, R.N., Muncie, Indiana

a Negro students are enrolled.

b Will accept male students.

xxx Collegiate school of nursing.

* Not accepting students.

LICENSED NURSING HOMES IN INDIANA

(As of June 1, 1956)

ADAMS COUNTY

Berne Nursing Home
906 W. Main St., Berne
Miss Pauline Hostetler
Smith Recovery Home
Cor. Butcher and High Sts.,
Geneva
Mrs. Fanny B. Smith

ALLEN COUNTY

Cherry Grove Home
1703 Howell St., Fort Wayne
Mrs. Margaret Sitton
Crater Nursing Home
1407 E. Wayne St., Fort Wayne
Mrs. Pearl Crater
"Crow's Haven"
2440 Bowser St., Fort Wayne
Mrs. Meta Crow
Grace Convalescent Home
1529 California Ave., Fort
Wayne
Mrs. Jessie G. Richer
Lawton Nursing Home
1649 Spy Run Ave., Fort Wayne
Mr. Walter C. Buuck
Leslee Home
906 Lake Ave., Fort Wayne
Mrs. Leona Hollman
Munson Home
336 Madison St., Fort Wayne
Mrs. Mabel Munson
Twin Maples Sanitarium
734 W. Washington Blvd., Fort
Wayne
Mrs. Maude M. Cole, R.N.
West Berry Street Rest Home
903 W. Berry St., Fort Wayne
Herbert E. Atkinson, Sr.

BARTHOLOMEW COUNTY

Boilanger Nursing Home
R. R. 4, Columbus
Mrs. Everly Boilanger
Brown Nursing Home
318 Smith St., Columbus
Mrs. Philipena Brown
Chasteen Nursing Home
802 Fourth St., Columbus
Mrs. Niley Chasteen
Shanklin Nursing Home
705 Sycamore St., Columbus
Mrs. Mildred Shanklin

BENTON COUNTY

Neal Nursing Home
3rd and Maple Sts., Earl Park
Mrs. Genevieve L. Neal

BLACKFORD COUNTY

Waldo House
511 W. Washington St.,
Hartford City
Mrs. Martha Waldo
Jackson Nursing Home #1
423 S. Main St., Montpelier
Rolland W. Jackson
Jackson Nursing Home
No. 2 (10)
110 E. Huntington St.,
Montpelier
Rolland W. Jackson
Ridgeway Nursing Home
419 E. Water St., Hartford City
Mrs. Martha M. Ridgeway

BOONE COUNTY

English Nursing Home
304 W. Washington St., Lebanon
Mrs. Bessie M. English
Davis Nursing Home
310 W. Main St., Thorntown
Mrs. Ruth Davis
Fultz Nursing Home
40 N. Third St., Zionsville
Mrs. Bertha Fultz
Harris Nursing Home
210 S. Pearl St., Thorntown
Lewis and Maud Harris

CARROLL COUNTY

Deer Creek Nursing Home
R. R. 1, Camden
Miss Mabel E. Bechdolt
Good Will Nursing Home
Corner Main and Monroe Sts.,
Camden
Mrs. Bertha Neibel
Cornell Nursing Home
R. R. 1, Cutler
Mrs. Victoria Cornell
Porter Nursing Home
616 E. Monroe St., Delphi
Mrs. Alsie J. Porter
The Arzula Flora Nursing Home
312 W. Main St., P. O. Box 473,
Flora
Miss Ida Arzula Flora
Restmor
404 S. Center St., Flora
Mrs. Opal Short

CASS COUNTY

Galveston Nursing Home
Washington & Sycamore Sts.,
Galveston
Estie and Ednabelle Bell

Huffman Nursing Home
2527 E. Broadway, Logansport
Mrs. Honour Ruth Huffman
Justice Nursing Home
227 Cliff Dr., Logansport
Mr. and Mrs. Martin Justice
Lestershire, Inc.
R. R. 1, Logansport
Sam R. Smith
Rest Haven Nursing Home
731 North St., Logansport
Miss Olive S. Jones
Rose Lawn Home
3026 E. Broadway, Logansport
Miss Marie Wilsie Thomas
Webster Home
806 North St., Logansport
Mrs. Nora B. Webster
Bird's Home
R. R. 2, Royal Center
Mrs. Irene Bird
Flo Dodt Nursing Home
Royal Center
Mrs. Flo Dodt
Douglas Nursing Home
Box 103, Royal Center
Mrs. Viola Douglas

CLARK COUNTY

Griggs Nursing Home
208 W. Riverside Dr., Jefferson-
ville
Mrs. Mary C. Griggs
Keller Home
403 E. 7th St., Jeffersonville
Mrs. Florence Keller
McTavish Drive Nursing Home
3007 McTavish Drive,
Jeffersonville
Mrs. Grace Hogan King
Perkins Nursing Home (19)
1315 Spring St., Jeffersonville
Mrs. Dovie Perkins
Twilight Nursing Home #1
210 E. Maple St., Jeffersonville
Mrs. Delilah Jean Goodwin
Maple Court Nursing Home
Maple Ct., Box 29, Jeffersonville
Mrs. Grace Stofel

CLAY COUNTY

Brazil Rest Home
508 E. National Ave., Brazil
Mrs. James Garvin
Norman Nursing Home
525 E. Mechanic St., Brazil
Roy and Blossom B. Norman

Dove Dell Rest Home
36 N. Forest St., Clay City
Mrs. Violet Langdon

CLINTON COUNTY

Ashley Nursing & Convalescent Home
R. R. 6, Frankfort
Mrs. Jean Ashley Hladik
Harriet Ann Stoker Nursing Home
R. R. 4, Frankfort
Mrs. Harriet A. Stoker Beabout
Rice Nursing Home (15)
R. R. No. 1, Michigantown
Marie and Clayton Rice
Zartman Nursing Home
Box 152, Michigantown
Lawrence Zartman

DAVISS COUNTY

Baker's Nursing Home
819 Axtell Ave., Washington
Mrs. Rose Ann Baker Seal
Colvin's Nursing Home
1109 National Highway,
Washington
Mrs. Laura Colvin
Meyers Nursing Home
209-215 W. Oak St., Washington
Mrs. John Meyers
Riney Country Nursing Home
R. R. 4, Portersville Rd.,
Washington
James and Elizabeth Riney

DEARBORN COUNTY

Voshell Nursing Home
R. R. 1, Aurora
Mrs. Nettie Voshell
Voelker Convalescent Home
Ridge Ave. and Catalpa St.,
Lawrenceburg
Mrs. Norine D. Voelker

DECATUR COUNTY

The Black Nursing Home
202 W. 3rd St., Greensburg
Mrs. Pearl Black
Michigan Hill Nursing Home
320 S. Michigan Ave.,
Greensburg
Mrs. Gayle Thompson
The Ridout Nursing Home
410 S. Broadway, Greensburg
Mrs. Lila Ridout
Jessup Nursing Home
Westport
Frank and Myrtle Jessup

DEKALB COUNTY

Brouse Nursing Home
R. R. 2, Butler
Mrs. Doris Mae Betz
Cox Nursing Home
R. R. 2, Butler
Mrs. Julia Kondas
Sheehy's Nursing Home (30)
402 N. Broadway, Butler
Edw. and Flo Sheehy
Barkley Convalescent Home
610 S. Broadway, Butler
Mrs. Audrey E. Barkley
Garrett Convalescent Home
611 S. Peters St., Garrett
Mrs. Ursa Smith
Babbitt Nursing Home
316 Ensley Ave., Auburn
Mrs. Gladys H. Babbitt

DELAWARE COUNTY

Freeman Nursing Home
1101 W. Powers St., Muncie
Mrs. Mamie Freeman
Goodman Nursing Home
618 N. Elm St., Muncie
Mrs. Edith Goodman
Hamilton's Nursing Home
1636 W. Tenth St., Muncie
Mrs. Rhetta Hamilton
Morgan-Nickols Convalescent Home (24)
1408 E. Main St., Muncie
Mrs. Lucy Mae Morgan and
Mrs. Margaret Nickols
Nickols Convalescent Home
804 N. Jefferson St., Muncie
Mrs. Margaret L. Nickols
Shadeland Home
5400 Kilgore Ave., Muncie
Eugene B. Simmonds, D.D.S.
Shady Haven Rest Home
R. R. 6, Muncie
Mrs. Leila C. Wilcox
Sylvester Home for the Aged
R. R. 5, Burlington Dr., Muncie
Mrs. Nellie V. Sylvester, R.N.
Woodland Home
917 E. Main St., Muncie
Mrs. Hazel Wilson, R.N.

DUBOIS COUNTY

Mildred's Nursing Home (33)
701 Main St., Jasper
Mrs. Mildred Sauter

ELKHART COUNTY

Cline Nursing Home (12)
901 S. Second St., Elkhart
Mrs. Dorothy C. Cline

Florentine Convalescent Home
1005 S. Third St., Elkhart
Mrs. Florentine Warskow
Milleman Convalescent Home
430 W. Marion St., Elkhart
Mrs. Hazel Milleman
Thorp Nursing Home
328 W. Franklin St., Elkhart
Mrs. Ruth G. Thorp
Thorp Nursing Home
E. Vistula St., Bristol
Mrs. Ruth Thorp
The Austin Home
526 N. Sixth St., Goshen
Mrs. Hazel M. Austin
Hutchinson Nursing Home
302 S. Sixth St., Goshen
Mrs. Irene Hutchinson
Lockerbie Nursing Home
302 E. Lincoln Ave., Goshen
John Lockerbie

Moore Nursing Home
401 S. Main St., Goshen
Ralph and Sophia E.
Moore, R.N.

Riley Convalescent Home
527 S. Main St., Goshen
Albert and Eunice Riley
Simpson Nursing Home
114 S. Sixth St., Goshen
Richard A. Simpson
Weaver Convalescent Home
R. R. 5, Goshen
Mrs. Esther Weaver

FAYETTE COUNTY

Clifton Nursing Home #3
224 S. Eastern Ave.,
Connersville
Mrs. Mary Clifton
Lincoln Manor
903 Lincoln Ave., Connersville
Chester O'Neal

FLOYD COUNTY

Twilight Nursing Home No. 2 (25)
909-11 E. Spring St.,
New Albany
Mrs. Delilah Jean Goodwin
Turley's Nursing Home
1003 E. Main St., New Albany
Mrs. Anna Christine Turley

FRANKLIN COUNTY

The Resthaven Reifel Nursing Home
1015 Franklin St., Brookville
Mrs. Elizabeth A. Reifel
Dreyer Nursing Home
273 Main St., Brookville
Miss Elsie Dreyer and
Mrs. Mary Dreyer

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The Mineral Baths and treatments are supervised by the Medical Department and given by trained attendants. If diet is indicated or desired, you are assured of the best of care and food preparation. You will always be comfortable and at ease while enjoying a health restoration program at the Home Lawn Mineral Springs.

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M. C. PITKIN, M.D., *Medical Director*

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THE MARTINSVILLE MINERAL SPRINGS

RAY D. MILLER, M.D., *Medical Director*

DONALD H. KENNEDY, *Executive Director*

FULTON COUNTY

Dick Nursing Home
 R. R. 5, Rochester
 Mrs. Jeanette Dick
McFarland Nursing Home
 719 Madison St., Rochester
 Mrs. Ralph McFarland
Rochester Nursing Home
 1118 Main St., Rochester
 Gerald Eastburg and Dorothy
 Eastburg, R.N.

GIBSON COUNTY

Shady Grove Nursing Home
 Francisco
 Mrs. Ruth Morris
Church Convalescent Home
 417 W. Broadway, Princeton
 Mrs. Edra E. Church
Colonial Nursing Home (21)
 314 N. West St., Princeton
 Mrs. Edna Shurtleff
Gorham's Private Rest Home
 807 S. Main St., Princeton
 Mrs. Amy Gorham Rees
Oakland City Rest Home
 114 Grove St., Oakland City
 Mrs. Ruth M. Morton
Welborn Nursing Home (10)
 600 E. Strain St., Fort Branch
 Mrs. Dora Welborn

GRANT COUNTY

Butcher Nursing Home
 910 N. Rush St., Fairmount
 Mrs. Agnes Butcher
Friendship Heights
 704 S. Main St., Fairmount
 Mrs. Margaret Meyer Lyons
Smith's Nursing Home
 R. R. 2, Fairmount
 Arlene and Robert Smith
The Roberts Nursing Home
 P.O. Box 102, Fowlerton
 Mrs. Ethel Roberts
Lanter's Nursing Home
 1649 W. Second St., Marion
 Mrs. Anna Lanter
The Naber House
 324 S. Main St., Fairmount
 Miss Della Bickel, R.N.
Calbert's Nursing Home
 215 N. Washington St., Marion
 Mrs. Geneva Calbert
Calbert's Nursing Home
 202-204 N. Washington St.,
 Marion
 Geneva and Opal Calbert
Whiteman Nursing Home
 148 N. Branson St., Marion
 Mrs. B. E. Whiteman

GREENE COUNTY

Rogers Sunset Home
 629 S. Meridian St., Jasonville
 Mrs. Mae Rogers

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Arcadia Rest Home
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 Arcadia
 Mrs. Florence Sigler
Possman Nursing Home
 South St., Arcadia
 Mrs. Betty J. Possman
Sunderman Nursing Home
 Cass and Harrison Sts., Cicero
 Mr. and Mrs. B. H. Sunderman
The Hamilton Home
 R. R. 5, Noblesville
 Mrs. Mary E. McKinley

HANCOCK COUNTY

Wood's Nursing Home
 14 N. Wood St., Greenfield
 Mrs. Hazel E. Wood
Pleasant Acres
 R. R. 12, Box 320, Indianapolis
 Corner 56th & McCordsville Rd.
 Frederick M. Burns

HARRISON COUNTY

Old Capitol Rest Home
 408 N. Capitol Ave., Corydon
 Mrs. Hazel M. Brengman

HENDRICKS COUNTY

Milhon Nursing Home
 Clayton
 Mrs. Malissie E. Milhon
Plainfield Nursing Home
 404 N. Vine St., Plainfield
 Miss Lois B. Thompson
Danville Nursing Home (6)
 64 N. High St., Danville
 Mrs. Pearl Perkins
Country Manor Nursing Home
 (12)
 R. R. No. 1, Plainfield
 Mrs. Dorothy A. Root
Golden Rule Nursing Home
 147 S. Wayne St., Danville
 Mrs. June Cash, R.N., and
 Mrs. Martha Mullen, R.N.

HENRY COUNTY

"The Boxwoods"
 115 N. 10th St., New Castle
 Mrs. Margaret Harris
Castle Nursing Home (5)
 425 N. 12th St., New Castle
 Mrs. Della Conner
Rest Haven
 420 S. Main St., New Castle
 Mrs. Rebecca L. John

HOWARD COUNTY

Lucy Cole Nursing Home (7)
 332 W. Markland, Kokomo
 Mrs. Lucy Cole and Mrs. Mary
 Henderson
Colonial Haven Nursing Home
 613 E. Superior St., Kokomo
 Mrs. Mae Kennedy

Randle's Nursing Home
 630 S. Union St., Kokomo
 Mrs. Fern Randle Haney
Twilite Nursing Home
 508 W. Taylor St., Kokomo
 Mrs. Daisy Coy

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Davis Nursing Home
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 Mrs. Annette Davis and
 Mrs. Imogene Goeglein
Jefferson Sanitarium
 414 S. Jefferson St., Huntington
 Mrs. Ruby J. Setser
Moore Home
 425 Hasty St., Huntington
 Mrs. Maud Moore
Oak Park Sanitarium
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 Mrs. Fern N. Martin
Town and Country Nursing
Home
 R. R. 8, Huntington
 Mr. and Mrs. H. B. Lunsford

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Phillips Nursing Home
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 Miss Effie Phillips
Roselawn Home
 202 W. 6th St., Seymour
 Lowell E. and Marcia J. Martin
Roselawn Home Annex
 305 St. Louis Ave., Seymour
 Mrs. Esta T. Martin

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 Mrs. Irma Wells
Lewis Nursing Home (13)
 So. Union St., Pennville
 Mrs. Edith Lewis, R.N.

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 Mrs. Ella Shuell, R.N.
Glore Nursing Home
 Box 31, North Madison
 Mrs. Flora Glore
Hilltop Rest Home
 Box 67, North Madison
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ISABELLE DAULTON, R.N. . . . Director of Nursing

GRACE SPINDLER, R.N. . . . Assistant Director of
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Compton's Nursing Home
319-321 College Ave., Vincennes
Miss Bertha C. Compton
Vincennes Nursing Home
703 Prairie St., Vincennes
Mrs. Fern Junod
Turner Convalescent Home
515 Perry St., Vincennes
Clyde and Marylee Turner

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Mrs. Hazel Bradbury
Dunroven Place Rest Home
R. R. 1, Leesburg
Mrs. Al-Aroma Green
Alfran Nursing Home
R. R. 1, Road #30, Pierceton
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Alice M. Wilson, R.N.
Armington Home
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Mrs. Charles Armington

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Mrs. Marks' Rest Home

Mongo
Mrs. Marie B. Marks

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Mrs. Olive Beggs
Shady Heights
R. R. 1, Dyer
Mrs. Faye McGuire
Beaton's Nursing Home
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Mrs. Laura Beaton
Calloway's Nursing Home
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Mrs. Tomye D. Calloway
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Mrs. Lillian Green
Miller Nursing Home
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Miss Ida Miller
Sanders Nursing Home
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Mrs. Esther G. Jones
Gearlds Rest Home
726 Sibley St., Hammond
Mrs. Vida Gearlds
Gerrie's Nursing Home
6727 Baring Ave., Hammond
Mrs. Geraldine Woodruff
Hodge Nursing Home
909 State St., Hammond
Mrs. Lucille Hodge
Hollow Acres Convalescent Home (6)
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Mrs. LaIva B. Davis

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Carroll F. and Lulu I. Anderson
Hampton Nursing Home
126 "F" St., Michigan City
Mrs. Mary E. Hampton
White Tower
209 State St., LaPorte
Mrs. Esther Jones
Helene Rest Home
R. R. 3, W. Johnson Rd.,
Box 739-A, Michigan City
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Mae Prueter
Schofield Nursing Home
810 E. Michigan St., Michigan
City
Mrs. Florence D. Schofield

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Bridwell Nursing Home
725 "I" St., Bedford
Mrs. Vena V. Bridwell
Kinder Nursing Home (6)
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Mrs. Mabel Kinder
Maick's Nursing Home
321 N. "L" St., Bedford
Mrs. Minnie Maick
Norwood Nursing Home
916 14th St., Bedford
Mrs. Estella Norwood Lynn
Stancombe Nursing Home
R. R. 5, Bedford
Clifford and Pearl Stancombe

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Bright Memorial Home
2006 Jackson St., Anderson
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Goble Home

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Olive and Oran Goble
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Rahbek Nursing Home
711 W. Fifth St., Anderson
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Sanders Nursing Home
416 W. 12th St., Anderson
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Scott's Nursing Home
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Mrs. Ruby Scott
Sunny Path Nursing Home (6)
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Mrs. Ada Mohler
Tall Cedars
R. R. 1, Box 27, Bridgeport
Mrs. Ora Miley
King Nursing Home
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Mrs. Henrietta P. Quinn
Booker-Watts Convalescent Home
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Mrs. Geneva Booker-Watts
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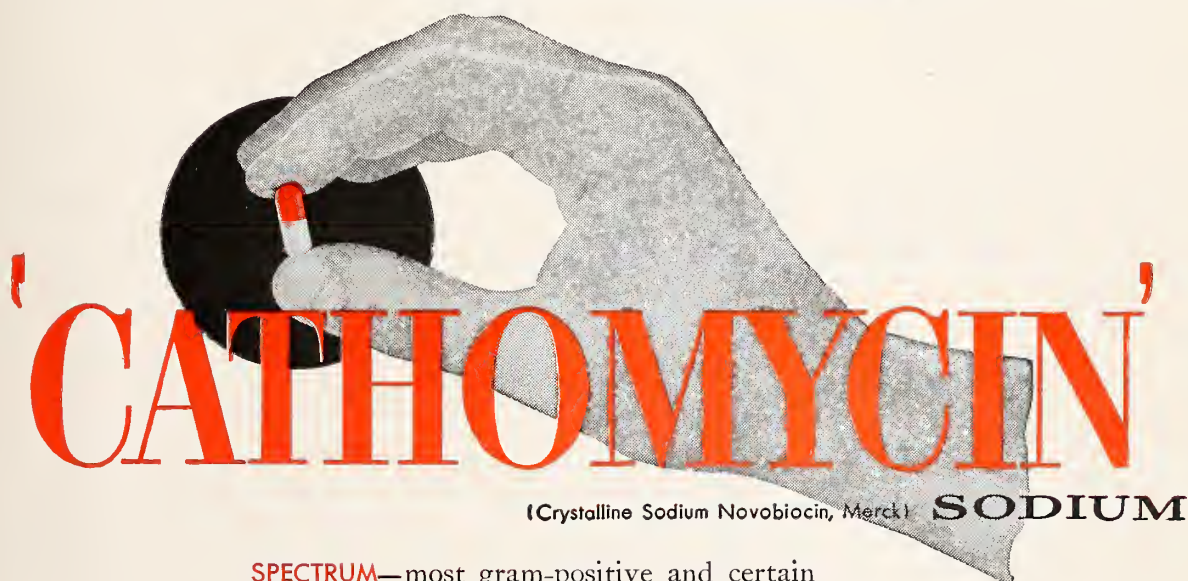
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Mrs. Helen M. Jones

Myers Nursing Home
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Mrs. Pearl Myers

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Joseph and Janet Langer, R.N.

The Miami Home
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Mr. and Mrs. Charles McDaniel

Parkview Rest Home, Inc. (12)
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Mrs. Zella Armstrong

Peru Nursing Home
906 W. Main St., Peru
Mrs. Margaret Harris and
Mrs. Maxine Watts

Redmon Nursing Home
225 W. 10th St., Peru
Mrs. Lola Redmon

MONROE COUNTY

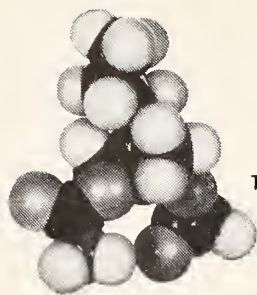
Burch Nursing Home (18)
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Irvin Burch

Fagan Nursing Home
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Mrs. Ida B. Fagan

Parrott Nursing Home
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Liter Nursing Home
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 Mrs. Opal I. Hill
Shahan Nursing Home
 613 Kentucky St.,
 Crawfordsville
 Miss Eileen M. Shahan
Hazel Small Rest Home
 N. Vine St., Waynetown
 Mrs. Hazel Small
Westbrook Nursing Home (21)
 R. R. No. 4, Crawfordsville
 Miss Mary E. Brooks

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Cherry Nursing Home
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 Mrs. Zepha Cherry

NEWTON COUNTY

Turner Home
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 Mrs. Flo Turner

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Marker Home
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 Mrs. Mabel Marker

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 W. Main St., Gosport
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 379 Hillside Ave., Spencer
 Boyd M. and Mary R. Jones
Jones Nursing Home #2
 R. R. No. 2, Spencer
 Boyd M. and Mary R. Jones
Reapp Nursing Home
 Greencastle Rd., Spencer
 Mrs. Jennie C. Reapp

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Britton Nursing Home (12)
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 Rockville
 Mrs. Helen Britton

Wallace Nursing Home
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 Mrs. Evelyn Wallace
Allen Nursing Home
 Madison St., Montezuma
 Mrs. Sylvia Allen
Layman Nursing Home (34)
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 Mrs. Mildred Layman

PERRY COUNTY

Fleming Nursing Home
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 Mr. and Mrs. Allie Fleming

PIKE COUNTY

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 210 S. 14th St., Petersburg
 Mrs. Fay France
Riddle Nursing Home
 411 Walnut St., Petersburg
 Mrs. Mary E. Neal

PORTER COUNTY

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 Beverly Shores
 Samuel Robert Barker, M.D.
 Mrs. Sarah D. Millross
Wood Nursing Home and Annex
 R. R. 2, West Dunes Highway,
 Michigan City
 Mrs. Helen O. Wood
Valparaiso Nursing Home
 359 Greenwich St., Valparaiso
 Mr. and Mrs. Orel J. Goble

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Allison Nursing Home
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 Mrs. Lula Allison
Cynthiana Nursing Home
 Cynthiana
 James and Dixie Lee Frayser

PUTNAM COUNTY

Ruark Nursing Home
 R. R. 1, Fillmore
 Mrs. Elsie Cowgill Ruark
Craver Home
 Avenue E, Box 15, Greencastle
 Mrs. Hannah Craver
Donna Nursing Home
 Main St., Cloverdale
 Mrs. Mildred Brown

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Lamb's Nursing Home
 R. R. 4, Union City
 Mrs. Bernice A. Lamb
Shady Lawn Nursing Home
 R. R. 3, Winchester
 Mrs. Marjorie Stewart

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 Mrs. Mary Colson
The Milan Homestead
 North Main St., Milan
 Mrs. Mary Colson
Rick Nursing Home
 R. R. 1, Milan
 Paul and Inas Rick
Gilland Nursing Home
 310 Craven St., Osgood
 Mr. and Mrs. Dan Gilland
Gilland Nursing Home #2
 120 E. Ripley, Osgood
 Mrs. Dan Gilland
Mary Dreyer Nursing Home
 R. R. 1, Sunman
 Mrs. Mary Dreyer
Elsie Dreyer Nursing Home (24)
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 Miss Elsie Dreyer

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Clifton Nursing Home #1
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Cohee Rest Home
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 Mrs. Harvey Cohee
Jackson Nursing Home
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Rushville Nursing Home
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Stewart Nursing Home (15)
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Land's Nursing Home
 Morristown
 Ida and Elbert Land
Waldron Nursing Home
 Main Street, Waldron
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1209 S. Union St., Mishawaka
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Frame's Nursing Home

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South Bend
Mrs. Myrtle Frame

Grove Nursing Home

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Mrs. Fern Grove

Gugle Home

714 W. Oak St., South Bend
Mrs. Myrtle B. Gugle

The Hilltop House

R. R. No. 6, Ironwood Rd.,
South Bend
Chester and Dorothy Derda

Jones Nursing Home

702 S. Columbia St., South Bend
Mrs. Vera Jones

Lerch Nursing Home

1044 Lincoln Way, West, South
Bend
Mrs. Katherine B. Lerch

Barbara Morrow Home

1107 S. Main St., South Bend
Mrs. Barbara Morrow

Oak Haven Rest Home

3222 E. Jefferson St., South
Bend
Chester and Dorothy Derda

Sunnybrook Nursing Home

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South Bend
Mrs. Pauline Luther

Terry King Nursing Home (6)

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Calvin and Helen L. Laisure

White Cap Nursing Home

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Mrs. Edith L. Klodzinski

Whiteman Nursing Home

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Mrs. Betty Whiteman

Walkerton Nursing Home

500 Roosevelt Rd., Walkerton
Mrs. Virginia Waldron and
Mrs. Doris Klapp

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Culver Road, Knox
Mrs. Alcinda Ruff

Healthmore

Hamlet
Mrs. Berniece Zellers, R.N.

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Edgewater Lodge (17)

R. R. 3, 812 Crooked Lake
(Roselawn Addn.), Angola
Mrs. Edith Smith

Edith Nursing Home

116 N. Powers St., Angola
Mrs. Louise Adams

TIPPECANOE COUNTY**Laura M. Bowles Convalescent Home**

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Mrs. Laura M. Bowles

Burnett's

221 S. 9th St., Lafayette
Mrs. Maude L. Golden

Cain Nursing Home

106 Sylvia St., West Lafayette
Mrs. Ruth Cain

Campbell Nursing Home (11)

641 New York St., Lafayette
Mrs. Alma Campbell

Cheesman Nursing Home

1021 N. 7th St., Lafayette
Mrs. Addie V. Cheesman

Joel Nursing Home

1000 South St., Lafayette
Ellen N. Osborn, R.N.

Scott Nursing Home for Men

614 N. 8th St., Lafayette
Mr. Howard F. Scott

Scott Nursing Home for Women

1100 N. 9th St., Lafayette
Mrs. Goldie Scott

TIPTON COUNTY**Losey Rest Home (6)**

210 S. East St., Tipton
Mrs. Constance Losey

Simmons Nursing Home

325 N. West St., Tipton
Mr. and Mrs. Ernest Simmons

UNION COUNTY**Scott Nursing Home**

302 W. Union St., Liberty
Mrs. Anna Scott

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316 N. Wabash Ave., Evansville
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Mrs. Celeste Oakley

Comfort Rest Home

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Evansville

Mrs. Viola Barnes

Dorsey Nursing Home

1714 S. Governor St., Evansville
Mrs. Laura Dorsey

Evans Nursing Home

605 Oak St., Evansville
Mrs. Anna Evans

Fulton Rest Home

1328 N. Fulton Ave., Evansville
Mrs. Grace L. Richter

Gee's Rest Haven

807 S. E. Third St.
Evansville

Mrs. Leona Gee

Kueber Nursing Home

816 First Ave., Evansville
Mrs. Catherine Kueber

M & R Nursing Home

1100 N. Read St., Evansville
Mrs. Muriel B. Sprinkle

Maxey Nursing Home

909 First Ave., Evansville
Mr. and Mrs. Pearlless Maxey
The Newton Rest Home and
Annex

921-923 S. Elliott St., Evansville
Mrs. Gwendolyn Newton

Pleasant Nursing Home

109 W. Maryland St., Evansville
Mrs. Maryetta Morris

Ingle Smith Home

521 S. E. First St., Evansville
Mrs. Della Ingle Smith, R.N.

Stinson Rest Home

315 S. E. Second St., Evansville
Mrs. Mildred Stinson

Tindall Rest Home

218 Harriett St., Evansville
Mrs. Dorothy Tindall Penning-
ton

Ulbricht Rest Home

616 W. Franklin St., Evansville
Mrs. Martha Ulbricht

VIGO COUNTY**Calvary Nursing Home**

421 N. Fifth St., Terre Haute
Mrs. Oakie Lawson

Cook Nursing Home

2058 N. 7th St., Terre Haute
Mrs. Grace E. Cook

Foos Nursing Home

418 S. 8th St., Terre Haute
Mrs. Lydia E. Foos

Gano Nursing Home
501 N. 4th St., Terre Haute
Mrs. Anna Gano

Hatfield Nursing Home
2111 N. 13½ St., Terre Haute
Mrs. Eliza Hatfield

Hise Nursing Home
120 N. 12th St., Terre Haute
Mrs. Lillie Hise

Jones Nursing Home (8)
606 N. 14½ St., Terre Haute
Mrs. Bessie A. Jones

Kesler's Nursing Home
724 N. 8th St., Terre Haute
Mrs. Clara A. Kesler

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241 N. 13th St., Terre Haute
Mrs. Mamie Mason

Mrs. Barney Pigg Nursing Home
1334 Sycamore St.
Terre Haute
Mrs. Barney Pigg

Sharps Nursing Home
1432 N. Center, Terre Haute
Mrs. Hazel M. Sharps

Smith Nursing Home
202 N. 23rd St., Terre Haute
Mrs. Edith C. Smith

Sullivan Nursing Home
705 S. 7th St., Terre Haute
Mrs. Grace F. Sullivan

Trainer Nursing Home
1915 N. 11th St., Terre Haute
Mrs. Geneva Trainer

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502 N. Eighth St., Terre Haute
Mrs. Evelyn Wallace

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The Pilgrim Nursing Home
306 E. 4th St., North Manchester
Mrs. Pearl Lambert

Dunfee Nursing Home
1250 Pike St., Wabash
Mrs. Florence Dunfee

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Hollis Nursing Home
R. R. 5, Boonville
Mrs. Loraine Hollis

Hollis Nursing Home #2
503 W. Walnut St., Boonville
Mrs. Loraine Hollis

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Williams Nursing Home
R. R. 3, Scottsburg
Mrs. Kathleen Williams

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R. R. 1, Centerville
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Marguerite C. Potts

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Mrs. Adeline Reynolds

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R. R. 2, Box 165, Richmond
Mrs. Emma Gaines

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48 S. Seventh St., Richmond
Mrs. Hilda Stull

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139 S. W. 14th St., Richmond
Mrs. Jennie Hartman

Rhyne Nursing Home (4)
40 Waterfall St., Richmond
Miss Inez Rhyne

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Davis Nursing Home
627 S. Marion St., Bluffton
Mrs. I. Helen Davis

Clark's Nursing Home
522 E. South St., Bluffton
Mrs. Clara Clark

Cooper Rest Home
306 W. Wabash St., Bluffton
Mrs. Janet Cooper, R.N.

Southview Rest Home
R. R. 3, Bluffton
Mrs. Cora N. Anderson

WHITLEY COUNTY

The Bakle Home
R. R. 1, Columbia City
Mrs. Alice S. Bakle, R.N.

Farris Nursing Home
209 W. Market St.,
Columbia City
Mrs. Louise Farris

Irvin Nursing Home
604 W. Van Buren St.,
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Mrs. Marguerite Irvin

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Deaths of Indiana Physicians in 1955

(Compiled by James B. Maple, M.D., Chairman of Committee on Necrology)

(M) Member I.S.M.A.; (S) Senior Member; (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Cody, Burtis L. (M)	72	Jan. 10	Evansville	Carcinoma of the lung, diabetes mellitus
Ulrich, Arley J.	64	Jan. 13	Indianapolis	Acute coronary occlusion
DeMotte, Russell A. (M)	54	Jan. 14	Bloomington	Coronary occlusion
Moten, Edward D., Sr.	74	Jan. 14	Indianapolis	Gastric carcinoma with metastasis
Norman, Olin B. (R) (M)	73	Jan. 15	Indianapolis	Coronary occlusion, arteriosclerotic heart disease
O'Brien, Tracy M.	58	Jan. 26	Plainfield	Myocardial insufficiency, acute pulmonary edema
Greist, Oliver E. (R) (M)	65	Jan. 31	Monticello	Arteriosclerotic heart disease
Morgan, Samuel P. (M)	57	Feb. 3	LaPorte	Suicide by gunshot
Field, William H. (R) (S)	78	Feb. 4	Evansville	Drowned
Bauer, Arthur J. (M)	67	Feb. 7	Lafayette	Arteriosclerotic heart disease
Miller, Charles A. (S)	81	Feb. 8	Princeton	Coronary occlusion, cardiac decompensation
Evans, Robert M. (M)	58	Feb. 21	Russiaville	Coronary thrombosis
Powell, Edgar H. (R) (S)	76	Feb. 26	Valparaiso	Metastatic carcinoma of the lung
Lane, William H. (R) (S)	88	Mar. 2	Angola	Carcinoma of the right testicle with metastasis
Thomas, Gordan A. (M)	63	Mar. 9	Lafayette	Coronary thrombosis
Almquist, Reuben E. (M)	55	Mar. 10	Gary	Arteriosclerotic heart disease
Hendricks, John D. (S)	79	Mar. 21	Indianapolis	Fall, hip fracture, surgery for fixation
Kahlo, Harry C.	85	Mar. 25	Indianapolis	Congestive heart failure, arteriosclerotic heart disease
Hofferkamp, August G.	62	Mar. 25	New Albany	Carcinoma of the pancreas
Denman, Robert D. (S)	81	Mar. 27	Helmar	Injuries in auto wreck
Waite, Earl L. (S)	80	Mar. 30	Gilead	Myocardial infarction, arteriosclerosis
Scudder, John A. (M)	73	Mar. 30	Edwardsport	Postoperative pneumonia, carcinoma of the rectum
Arnett, Arett C. (R) (M)	72	Apr. 2	Lafayette	Acute coronary occlusion
Petry, Franklin (R)	81	Apr. 13	Lowell	Recurrent carcinoma of the ceacum
Spurgeon, Orville E. (S)	78	Apr. 11	Muncie	Myocardial infarction, coronary artery occlusion
Grant, John H., Jr. (M)	31	Apr. 16	Evansville	Myocardial infarction, coronary ischemia
Enzor, Ora R. (M)	65	Apr. 16	Indianapolis	Anaphylactic shock, sensitivity to penicillin
Wise, William (M)	65	Apr. 18	Indianapolis	Cerebral thrombosis, arteriosclerosis, diabetes
Morris, William F. (S)	79	Apr. 22	Princeton	Coronary thrombosis, arteriosclerosis, hypertension
Darroch, Samuel C. (S)	75	Apr. 24	Cayuga	Carcinoma of the pancreas
Holtzendorff, C. F.	86	Apr. 27	Plymouth	Arteriosclerotic heart disease
Porter, George C. (S)	76	May 9	Linton	Skull fracture, struck by auto
Burress, Bert O. (S)	77	May 9	Frankfort	Cerebral thrombosis
Marchand, Austin F. (M)	59	May 11	Haubstadt	Chronic hepatitis
Beardsley, Frank A. (M)	62	May 9	Frankfort	Coronary occlusion
Vanatta, Clyde L.	70	May 15	N. Madison	Myocardial infarction
Weyerbacher, Arthur F. (R) (M)	70	May 16	Indianapolis	Arteriosclerosis, cerebral infarction
Kohlstaedt, George W. (M)	65	May 17	Indianapolis	Cerebral hemorrhage, hypertension
Laws, Harry J. (M)	72	May 20	Lafayette	Acute coronary occlusion
Miller, Carl G. (M)	50	May 28	Ft. Wayne	Coronary thrombosis, coronary artery disease

Name	Age	Date of Death	Address	Cause of Death
Poncher, Henry G. (M)	53	May 31	Valparaiso	Coronary infarction
Ellis, Bert E. (M)	65	June 3	Indianapolis	Multiple myeloma
Allen, Joseph L. (S)	80	June 4	Greenfield	Coronary thrombosis, infarction, generalized arteriosclerosis
Siekerman, Clairmont W. (M)	52	June 11	Indianapolis	Coronary occlusion
Crossland, Stewart H. (M)	55	June 13	Gary	Acute posterior coronary occlusion
Norrel, John W.	80	June 17	Indianapolis	Cardiovascular disease
Tomlinson, Carlton H. (S)	86	June 20	Cicero	Cardiorenal failure, appendectomy
Dando, George H. (S)	87	June 28	Hartford City	Carcinomatosis, primary lesion stomach
Kahan, Harry L. (M)	60	July 1	Gary	Coronary disease
DuBois, Franklin T. (S)	85	July 2	Liberty	Carcinoma of the prostate
Neuwalt, Frank (M)	43	July 4	Gary	Cerebral hemorrhage
Stern, Nathan (M)	74	July 18	Indianapolis	Coronary occlusion, arteriosclerotic heart disease
Cook, William M.	87	July 25	South Bend	Carcinoma of the prostate
Yeck, Charles W. (M)	69	July 26	Evansville	Myocardial failure, arteriosclerotic heart disease
Miley, Weir M. (M) (R)	69	July 26	Anderson	Asthma and heart block
Campbell, Perry A. (M)	52	July 26	Richmond	Coronary occlusion, arteriosclerotic heart disease
Bopp, Henry W. (M)	74	July 27	Terre Haute	Cerebrovascular accident, chronic pulmonary fibrosis
Ruddick, Hobart C. (R) (M)	69	July 28	Evansville	Amyotrophic lateral sclerosis
McCown, Percy E. (M)	70	Aug. 8	Indianapolis	Cerebral hemorrhage
Plautz, Geraldine M. (M)	33	Aug. 10	Indianapolis	Aterionephrosclerosis, diabetes mellitis
Goodwin, Loranzo D. (R)	92	Aug. 12	Winslow	Bronchopneumonia, arteriosclerosis
Vanosdal, Florence O.	76	Aug. 17	Franklin	Arteriosclerotic heart disease
Fitzsimmons, Elvin L. (M)	44	Aug. 22	Evansville	Brain tumor
Buikstra, Cyrus R. (M)	58	Aug. 25	Evansville	Coronary thrombosis
Lowder, Lillian C.	85	Sept. 19	Indianapolis	Congestive heart failure, arteriosclerotic heart failure
Downing, Richard R. (M)	31	Sept. 19	Ft. Wayne	Metastatic melanoma spine and brain, malignant melanoma of back
Rosenkrans, Harvey R.	84	Sept. 22	Red Key	Cerebral hemorrhage, cerebral arteriosclerosis
Luse, Raymond J.	75	Sept. 26	Angola	Bronchopneumonia, arteriosclerotic heart disease
Spieth, William H. (M)	58	Sept. 27	Lebanon	Cerebral hemorrhage, hypertensive heart disease
Hippensteele, Ralph O. (M)	49	Oct. 3	Fremont	Cirrhosis of the liver
O'Dell, Thomas A. (M)	90	Oct. 9	Indianapolis	Cerebral accident, arteriosclerotic heart disease
Miller, Daniel B. (S)	79	Oct. 19	Terre Haute	Coronary thrombosis, generalized arteriosclerosis
Harshman, Martin L. (M)	42	Oct. 19	Lafayette	Suicide by gunshot
Scodel, Benson	66	Oct. 21	Butlerville	Coronary occlusion
Creel, Donald W. (M)	53	Oct. 25	Angola	Uremia, chronic glomerulonephritis
Green, William L. (S)	81	Oct. 25	Pekin	Coronary occlusion, cardiovascular arteriosclerosis, diabetes mellitus
Hays, George R. (S)	76	Oct. 29	Richmond	Cerebrovascular thrombosis, generalized arteriosclerosis
Cole, Arthur V. (M)	57	Nov. 2	Hammond	Ruptured esophageal varicosity
Hadley, Murray N. (M) (S)	81	Nov. 3	Indianapolis	Cerebral hemorrhage, arteriosclerotic heart disease
Greist, Henry W. (R) (S)	87	Nov. 9	Monticello	Coronary thrombosis
Kohrman, Benjamin M. (M)	46	Nov. 26	Michigan City	Reticulum cell sarcoma
Van Nuys, Walter C. (R) (S)	78	Dec. 5	Indianapolis	Emphysema and cardiac decompensation
Moody, Joseph E. (M)	41	Dec. 7	Evansville	Cor pulmonale, pulmonary tuberculosis
Ross, Wilbur W. (M)	76	Dec. 8	LaPorte	Coronary thrombosis
Dugan, Thomas J., Sr. (M) (S)	78	Dec. 9	Indianapolis	Coronary occlusion, arteriosclerotic heart disease
Kime, John T. (S)	89	Dec. 10	Petersburg	Cerebral hemorrhage, generalized arteriosclerosis
Miller, Sayers J. (M)	57	Dec. 18	West Lafayette	Coronary occlusion
Weaver, Charles A.	84	Dec. 22	Greensburg	Cerebral thrombosis, generalized arteriosclerosis
Atkinson, Charles W. (S)	77	Dec. 24	Boswell	Cerebral hemorrhage
Wicks, Orlando C. (S)	86	Dec. 25	Gary	Myocarditis, peptic ulcer

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*Isaac Casselberry, Evansville-----	1873	----	Charles N. Combs, Terre Haute-----	1925	1926
*Wilson Hobbs (acting), Knights-			*Frank W. Cregor, Indianapolis-----	1926	1927
town -----	1873	1874	George R. Daniels, Marion-----	1926	1928
*Richard E. Houghton, Richmond----	1874	1875	Charles E. Gillespie, Seymour-----	1927	1929
*John H. Helm, Peru-----	1875	1876	*Angus C. McDonald, Warsaw-----	1928	1930
*Samuel S. Boyd, Dublin-----	1876	1877	*Alois B. Graham, Indianapolis-----	1929	1931
*Luther D. Waterman, Indianapolis--	1877	1878	Franklin S. Crockett, Lafayette----	1930	1932
*Louis Humphreys, South Bend-----	1878	----	*Joseph H. Weinstein, Terre Haute--	1931	1933
*Benj. Newland (acting), Bedford			*Everett E. Padgett, Indianapolis----	1932	1934
(v.p.) -----	1878	1879	*Walter J. Leach, New Albany-----	1933	1935
*Jacob R. Weist, Richmond-----	1879	1880	Roscoe L. Sensenich, South Bend...	1934	1936
*Thomas B. Harvey, Indianapolis----	1880	1881	*Edmund D. Clark, Indianapolis-----	1935	1937
*Marshall Sexton, Rushville-----	1881	1882	Herman M. Baker, Evansville-----	1936	1938
*William H. Bell, Logansport-----	1882	1883	*Edmund M. Van Buskirk, Ft. Wayne--	1937	1939
*Samuel E. Mumford, Princeton-----	1883	1884	Karl R. Ruddell, Indianapolis-----	1938	1940
*James H. Woodburn, Indianapolis----	1884	1885	*Albert M. Mitchell, Terre Haute----	1939	1941
*James S. Gregg, Ft. Wayne-----	1885	1886	Maynard A. Austin, Anderson-----	1940	1942
*General W. H. Kemper, Muncie-----	1886	1887	Carl H. McCaskey, Indianapolis-----	1941	1943
*Samuel H. Charlton, Seymour-----	1887	1888	*Jacob T. Oliphant, Farmersburg----	1942	1944
*William H. Wishard, Indianapolis----	1888	1889	Neslen K. Forster, Hammond-----	1943	1945
*James D. Gatch, Lawrenceburg-----	1889	1890	*Jesse E. Ferrell, Fortville-----	1944	1946
*Gonsolvo C. Smythe, Greencastle----	1890	1891	*Floyd T. Romberger, Lafayette-----	1945	1947
*Edwin Walker, Evansville-----	1891	1892	Cleon A. Nafe, Indianapolis-----	1946	1948
*George F. Beasley, Lafayette-----	1892	1893	Augustus P. Hauss, New Albany----	1947	1949
*Charles A. Daugherty, South Bend..	1893	1894	*C. S. Black, Warren-----	1948	1950
*Elijah S. Elder, Indianapolis-----	1894	----	Alfred Ellison, South Bend-----	1949	1951
Charles S. Bond (acting), Richmond	1894	1895	J. William Wright, Indianapolis----	1950	1952
*Miles F. Porter, Ft. Wayne-----	1895	1896	Paul D. Crimm, Evansville-----	1951	1953
*James H. Ford, Wabash-----	1896	1897	Wm. Harry Howard, Hammond-----	1952	1954
*William N. Wishard, Indianapolis----	1897	1898	Walter L. Portteus, Franklin-----	1953	1955
			Walter U. Kennedy, New Castle-----	1954	1956

*Deceased.

Constitution and By-Laws

of the

Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members and Honorary Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant membership therein on a basis that does not include membership in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy-five years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the executive secretary as eligible for such member-

ship by the county societies of which they are members.

All members who, previous to the adoption of this amendment to the constitution, were certified as honorary members on the basis of the above qualifications, shall hereafter be classified as senior members.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Rights and Privileges of Members.*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors, and (2) *ex officio* the President, President-elect, and Treasurer. Besides its duties mentioned in the By-Laws, it shall constitute the Board of

Trustees of this organization, having full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the By-Laws, and at all times shall be the finance committee of the Association. Seven Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Councilor districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place two years in advance for holding the annual convention. The time for the convention shall be fixed by the Council, and the Council shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, and thirteen Councilors, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years and approximately one-third of the number shall be elected annually. All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Councilor fails, without reason acceptable to the Council, in any one calendar year to attend a majority of the meetings of the Council, he shall thereby cease to be a Councilor, and the Executive Secre-

tary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business of the last day of the Annual Convention, and no person shall be elected to any such office who is not in attendance on that Annual Convention and who has not been a member of the Association for the preceding two years.

Sec. 4.—The Councilors shall be elected by the respective district societies. If any district fails to meet and elect its Councilor by the time of expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Councilor district shall elect an alternate Councilor whose term of office shall be the same as the Councilor, namely three years. The alternate Councilor shall be elected in a year during which there is no Councilor elected.

The duties of the alternate Councilor shall be:

1. To represent the Councilor district in the absence of the regularly elected Councilor.

2. To vote only in the absence of the regularly elected Councilor either in the House of Delegates or in Council meetings where he represents the regularly elected Councilor.

3. The alternate Councilor shall not have the power of discussion if the regularly elected Councilor is present.

Sec. 6.—Any officer may be removed from office after a hearing before the Council, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Council.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Council shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer shall be filled by an election by the Councilors at the next regular meeting of the Council following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district councilor, the

duly elected alternate councilor from the same district shall succeed to the office of councilor in that district for the unexpired term of said councilor.

In the event vacancies occur in any councilor district in the offices of both councilor and alternate councilor, the vacancies shall be filled by an election by the members of the association within the councilor district in which such vacancies occur. A call for such elections shall be issued by the executive secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the State secretary's office of each component society within the district. Such call shall be mailed within ten days after the State secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Council, and the Council shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BY-LAWS

CHAPTER I.—MEMBERSHIP

Section 1.—The term "Member" as used in these By-Laws unless otherwise indicated shall mean both active and senior members of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall

receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Committee on Scientific Work, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Council shall appropriate from the funds of the Association for such an amount as in the discretion of the Council shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Committee on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

- a. Surgical.
- b. Medical.
- c. Eye, Ear, Nose, and Throat.
- d. Anesthesia.
- e. General Practice.
- f. Obstetrics and Gynecology.
- g. Preventive Medicine and Public Health.
- h. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and By-Laws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of Delegates to which each Component Society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association annually on or before December first prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

b. Divide the State into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5. — Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than forty-five days prior to the meeting of the House of Delegates to which the resolutions will be presented for action:

Provided, that this sub-section of the By-Laws may be suspended with respect to any resolution upon a two-thirds majority vote of the House of Delegates.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, and the Treasurer shall serve from the termination of the

annual meeting of the House of Delegates in which the President-elect and Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1.—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and Journal offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Council, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall

perform all specific tasks committed to him by the committees, the Council, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed may be allowed by the Council, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII.—COUNCIL

Section 1.—The Council shall meet as follows: 1. January, April, and July of each year on dates and at places fixed by the Council. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a Chairman, and a Clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Council shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Sec. 2. — Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Council shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make

each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Council shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Council shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Council shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Council shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amounts of their salaries. The proceedings of the Council for the year shall be reported to the

House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Council shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Council, who, with the President, the President-elect, the Treasurer, and the Chairman of the Council, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Council they shall not have the power of vote in the Council.

CHAPTER VIII.—STANDING COMMITTEES

Section 1.—The standing committees shall be as follows:

The Executive Committee.

A Committee on Convention Arrangements.

A Committee on Scientific Work.

A Committee on Scientific Exhibits.

A Committee on Public Policy and Legislation.

A Committee on Publicity.

A Committee on Industrial Health.

A Committee on Medical Education and Licensure.

A Committee on Public Relations.

A Committee on Constitution and By-Laws.

A Committee on Conference of County Medical Society Officers.

A Grievance Committee.

A Committee on Rural Health.

A Committee on Physician-Hospital Relations.

The members of such committees, except the Executive Committee, which is elected by the Council, shall be appointed by the President of the Association.

In making such elections or appointments next after the effective date of the amendment the terms of such members, except those of the Committee on Physician-Hospital Relations, shall be as follows:

If a committee consists of an even number of members, one-half shall be appointed for two year terms, and one-half shall be appointed for one year terms.

If a committee consists of an odd number of members, the majority by one shall be appointed for two years and the remainder for one year terms.

Thereafter all members shall be appointed for two year terms. All members shall serve until their successors have been elected or appointed.

Sec. 2.—*The Executive Committee*, consisting of six members as heretofore provided for shall meet on the call of the Chairman or of any three members with the Executive Secretary to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall constitute the Medical Defense Committee of the Association and shall have full authority governing all matters pertaining to the medical defense features of this Association, and shall be governed by the rules and regulations concerning such features as provided for in the By-Laws of this Association. It shall represent the Council during the intervals between meetings of that body, including matters pertaining to THE JOURNAL of the Association, and shall report its doings to the Council.

It shall prepare a budget for the ensuing calendar year; and all expenditures of the Association, except those otherwise provided for under the Constitution and By-Laws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and By-Laws shall be incurred by any officer or committee. A committee or an officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

Sec. 3.—*The Committee on Convention Arrangements* shall consist of five or more members. With the advice and assistance of the Executive Secretary this committee shall provide suitable accommodations for the meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements for and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 4.—*The Committee on Scientific Work* shall consist of three or more appointive members appointed by the President; and of the chairman of the Committee on Scientific Exhibits and of the chairmen of the sections as *ex officio* members. It shall be the duty of the officers of the various sections to prepare and submit to this committee prior to the first meeting of the committee a suggested program of subjects and personnel for their respective section programs for the Annual Convention. The scientific program and the financial requirements to provide for it must be approved by the Executive Committee before the program is officially announced.

Sec. 5.—*The Committee on Scientific Exhibits* shall consist of five or more appointive members. It shall have the duty of arranging for scientific exhibits as a part of the Annual Convention, subject to the approval of the Executive Committee.

Sec. 6.—*The Committee on Public Policy and Legislation* shall consist of at least five or more appointive members. Under direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health, medical education, scientific medicine, and the improvement of the medical profession. It shall keep in touch with professional and public opinion and shall endeavor to create and direct public opinion to the end that the public will demand adequate legislation for the promotion of the public good in relation to medicine and the enforcement of such legislation.

Sec. 7.—*The Committee on Publicity* shall consist of three appointive members. It shall be responsible for the dissemination of information concerning individual and community health to the lay public through articles prepared for publication in lay publications, and for addresses or talks delivered before lay audiences under the authority of the Association, and shall in every way seek to give the lay public a better knowledge and understanding of the aims and objects of scientific medicine.

Sec. 8.—*The Committee on Industrial Health* shall consist of five or more appointive members. The duties of the committee shall be: To study and gather facts and become intimately acquainted with the problems regarding industrial health, including any such problems as those relating to the prevention and cure of industrial injuries and diseases; to study the method and means of providing adequate medical and hospital care for those suffering from industrial diseases and injuries; and to encourage cooperation and mutual understanding among the members of the medical profession, employers of labor, employees and insurance carriers.

Sec. 9.—*The Committee on Medical Education and Licensure* shall consist of five appointive members. The duties of this committee shall be to cooperate with the authorities of the Indiana University School of Medicine in efforts to improve the educational standards of the state as they pertain to the practice of medicine; to act in conjunction with the members of the Council in providing postgraduate clinics or teaching for the various Councilor medical districts of the state; to cooperate with the Indiana State Board of Medical Registration and Examination; to select one of its own members as a delegate to the yearly Conference on Medical Education and Hospitals of the American Medical Association; and to cooperate with the corresponding Council of the American Medical Association.

Sec. 10.—*The Committee on Public Relations* shall consist of five or more appointive members. The duties of the committee shall be to develop and carry on continuously a program to improve and sustain good will among the members of the medical profession and the general public; to study and assemble information regarding the means by which the interests of the public relations of the medical profession may best be served; to obtain through public and professional contacts and report to the profession through proper means information regarding the sentiments, criticism and suggestions for improvement which may be made either by members of the profession or by the lay public; and to have the special responsibility of furnishing leadership and guidance in keeping the medical profession as a whole within the deserved respect and esteem of the people.

Sec. 11.—*The Committee on Constitution and By-Laws* shall consist of five appointive members. The duties of this committee shall be: to keep in contact with the developments and changes in procedures in carrying on the work of this Association; to suggest revisions necessary to keep the Constitution and By-Laws always in accord with the practices and procedures best adapted to the functioning of the Association; and to keep the practices and procedures consistent with the provisions from time to time contained in the Constitution and By-Laws—to the end that all members of the profession, by reference to the Constitution and By-Laws, may be able to obtain accurate information regarding procedure and practices within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and By-Laws may be avoided.

Sec. 12.—*The Committee on Conference of County Medical Society Officers* shall consist of seven appointive members. It shall have the duty of arranging for conferences of County Medical Society Officers, preparing the agenda therefor, and fixing the time and place for such meetings.

Sec. 13.—A standing committee to be known as *Grievance Committee* shall be composed of nine physicians, three of whom may be past presidents of the association, and all of whom shall be appointed by the president of the association. Not more than two physicians shall be appointed from any one Councilor District. No member shall hold any elective office in the state association during tenure on this committee. Of the nine physicians first appointed, three, including one past president, shall serve for a period of one year; three, including one past president, for two years; three, including one past president, for three years. Thereafter three shall be appointed each year for a three year term, to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee other than by expiration of terms shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall

organize itself by electing a chairman, vice-chairman, and secretary.

In addition to the above provided membership and organization of the committee, the president of the Association shall appoint an accredited psychiatrist as a specialty member of the committee whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Councilor District of the Association irrespective of the membership of the committee including another member from the same Councilor District. He shall have the same rights and privileges as other members of the committee and be subject to the rules, regulations and methods of procedure as approved by the Council of the Association.

Sec. 14.—The duties of this Grievance Committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians. It may, if it believes the facts justify such action, cite the member to the Council of the state association. It shall, subject to the approval of the Council, draw up a set of rules and regulations governing the procedure and official actions of the committee.

Sec. 15.—The *Committee on Physician-Hospital Relations* shall be composed of five members. The members shall be appointed for the following terms: One member, five years; one for four years; one for three years; one for two years; one for one year. Thereafter the president will annually appoint one member for a term of five years.

The duties of the committee are to pursue a continuing study of the relation of the medical profession to the operation of public and voluntary hospitals, and shall when indicated confer with the Hospital Council of the Indiana State Board of Health in connection with the making of rules and regulations for the management of hospitals; the Indiana State Hospital Association; and any related organizations, and make recommendations to the Indiana State Medical Association.

Sec. 16.—The President and Executive Secretary shall be *ex officio* members of all the foregoing standing Committees where their inclusion on the committee is not otherwise provided for in these By-Laws.

CHAPTER IX.—SPECIAL COMMITTEES

The President may appoint such other committees in addition to the standing committees as he deems necessary or as may be specially authorized by the House of Delegates, the Council, or the Executive Committee. Any such committees shall be known as special committees.

The terms of the members of such special committees shall be as heretofore provided for the terms of the members of standing committees.

CHAPTER X.—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in *THE JOURNAL* and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, the chairman to be specified by the President. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Council, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—The following Reference Committees are hereby constituted to which shall be referred all matters as indicated by the titles of the committees:

- (1) Sections and Section Work
- (2) Rules and Order of Business
- (3) Medical Education and Hospitals
- (4) Legislation
- (5) Public Relations
- (6) Hygiene and Public Health
- (7) Amendments to the Constitution and By-Laws
- (8) Reports of Officers
- (9) Credentials
- (10) Insurance
- (11) Miscellaneous Business

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference Committees as are necessary to cover all subjects included therein; or (b) to only one Reference Committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any Reference Committee shall be rejected on the ground that it covers something not included in the matters which such Committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall

have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XI.—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and By-Laws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and By-Laws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state his name, on request, shall be transferred without cost to the roster of the county

society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the membership is proposed.

Sec. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he has his office or has the major part of his practice.

Sec. 9.—Each component society, shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before August first.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Councilor of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Councilor shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be the calendar year, and all dues shall be for the year and *payable in advance*. The secretary of each component society shall forward the dues for his society, together with the roster of officers and members and list of non-affiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward

to the Executive Secretary of this Association the dues for such new members. The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first nine months of any year shall pay the regular annual dues for that year; and those elected to their first membership after October 1 of any one year shall pay \$10.00 as dues for the remainder of that year. Interns and residents shall pay \$10.00 a year annual dues during their term of service in the hospital. In the event the county society remits a member's dues for good cause, and the secretary of the county medical society recommends in writing the remission of the state association dues of said member of the society, and shows good cause why such recommendation should be granted, the Council shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and By-Laws, not in conflict with the Constitution and By-Laws either of this Association or of the American Medical Association, a copy of which shall be filed with the Executive Secretary of this Association; and furthermore, the Executive Secretary shall be notified at once of any changes or amendments that may be made from time to time.

CHAPTER XII.—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XIII.—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to the medical defense features of this Association; with power to enter into agreement for the payment of fees of one attorney whom the physician sued shall have the right to choose, provided such attorney is of good reputation and standing at the bar, and to employ expert witnesses and incur such other expenses as in the judgment of the committee may be necessary in the defense of members against whom suits may be brought; provided, always, that the total expenditure in any single suit shall not exceed 25 per cent of the fund available at the time suit is filed; and provided further that this Association shall not be liable for attorney's fees in such suits unless this committee shall have first agreed in each case with the physician sued and the attorneys representing him in regard to the terms of such employment, including the fees to be paid.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the Chairman of the Council.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these By-Laws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services which are the basis of the suit were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these By-Laws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XIV.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XV.—INVESTMENT OF SURPLUS FUNDS

Section 1.—All surplus funds of this association shall hereafter be invested only in United States Government bonds or in municipal bonds which the United States Government or the municipalities issuing such bonds shall have the direct obligation to pay.

CHAPTER XVI.—AMENDMENTS

Section 1.—These By-Laws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and By-Laws all previous Constitutions and By-Laws are hereby repealed.

Principals of Medical Ethics of the American Medical Association

PREAMBLE

These principles are intended to serve the physician as a guide to ethical conduct as he strives to accomplish his prime purpose of serving the common good and improving the health of mankind. They provide a sound basis for solution of many of the problems which arise in his relationship with patients, with other physicians, and with the public. They are not immutable laws to govern the physician, for the ethical practitioner needs no such laws; rather they are standards by which he may determine the propriety of his own conduct. Undoubtedly, interpretation of these principles by an appropriate authority will be required at times. As a rule, however, the physician who is capable, honest, decent,

courteous, vigilant, and an observer of the Golden Rule and who conducts his affairs in the light of his own conscientious interpretation of these principles will find no difficulty in the discharge of his professional obligations.

CHAPTER I

GENERAL PRINCIPLES CHARACTER OF THE PHYSICIAN

SECTION 1.—The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Whoever chooses this profession assumes the obligation to conduct himself in accord with its ideals. A physician should be "an upright man, instructed in the art of healing." He

must keep himself pure in character and be diligent and conscientious in caring for the sick. As was said by Hippocrates, "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life."

THE PHYSICIAN'S RESPONSIBILITY

SEC. 2.—The avowed objective of the profession of medicine is the common good of mankind. Physicians faithful to the ancient tenets of this profession are ever cognizant of the fact that they are trustees of medical knowledge and skill and that they must dispense the benefits of their special attainments in medicine to all who need them. Physicians dedicate their lives to the alleviation of suffering, to the enhancement and prolongation of life, and to the destinies of humanity. They share whatever they have learned and whatever they may discover with their colleagues in every part of the globe. They recognize instinctively that the improvement for medical knowledge and skills is never at an end, and while they strive toward satisfaction of this need they are zealous in making available to physicians of good character who possess the desire and the ability to learn the aggregate of progress in medical education, research, and discoveries as they may exist at the time. They do not remain content to limit their activities to the care of the infirm, since they recognize also their useful rank among the vast concourse of citizens on whose shoulders the destiny of our nation rests. At the same time they will resist attempts to debase their services by diverting them to ignoble purposes. In their relationships with patients, with colleagues, and with the public, they maintain under God, as they have down the ages, the most inflexible standards of personal honor.

GROUPS AND CLINICS

SEC. 3.—The ethical principles actuating and governing a group or clinic are exactly the same as those applicable to the individual. As a group or clinic is composed of individual physicians, each of whom, whether employer, employee or partner, is subject to the principles of ethics herein elaborated, the uniting into a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

ADVERTISING

SEC. 4.—Solicitation of patients, directly or indirectly, by a physician, by groups of physicians or by institutions or organizations is unethical. This principle protects the public from the advertiser and salesman of medical care by establishing an easily discernible and generally recognized distinction between him and the ethical physician. Among unethical practices are included the not always obvious devices of furnishing or inspiring newspaper or magazine comments concerning cases in which the physician or group or institution has been, or is, concerned. Self laudations defy the traditions and lower the moral standard of the medical profession; they are an infraction of good taste and are disapproved.

The most worthy and effective advertisement possible, even for a young physician, especially among his brother physicians, is the establishment of a well merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of simple professional cards is approved in some localities but is disapproved in others. Disregard of local customs and offenses against recognized ideals are unethical.

THE RELATIONSHIP OF THE PHYSICIAN TO MEDIA OF PUBLIC INFORMATION

SEC. 5.—Many people, literate and well educated, do not possess a special knowledge of medicine. Medical

books and journals are not always easily accessible or readily understandable.

The medical profession considers it ethical for a physician to meet the request of a component or constituent medical society to write, act or speak for general readers or audiences. On the other hand, it may often happen that the representatives of popular news media are the first to perceive the adaptability of medical material for presentation to the public. In such a situation the physician may be asked to release to the public some information, exhibit, drawing or photograph. Refusal to release the material may be considered a refusal to perform a public service, yet compliance may bring the charge of self-seeking or solicitation.

An ethical physician may provide appropriate information regarding important medical and public health matters which have been discussed during open medical meetings or in technical papers which have been published, and he may reveal information regarding a patient's physical condition if the patient gives his permission, but he should seek the guidance of appropriate officials and designated spokesmen of component or constituent medical societies. Spokesmen should be empowered to give prompt and authoritative replies and a list should be issued which identifies them and discloses the manner in which they may be reached. These provisions are made with full knowledge that the primary responsibility of the physician is the welfare of his patient, but proper observation of these ethical provisions by the physician concerned should protect him from any charge of self-aggrandizement.

Scientific articles written concerning hospitals, clinics or laboratories which portray clinical facts and techniques and which display appropriate illustrations may well have the commendable effect of inspiring public confidence in the procedure described. Articles should be prepared authoritatively and should utilize information supplied by the physician or physicians in charge with the sanction of appropriate associates.

When any sort of medical information is released to the public, the promise of radical cures or boasting of cures or of extraordinary skill or success is unethical.

An institution may use means, approved by the medical profession in its own locality, to inform the public of its address and the special class, if any, of patients accommodated.

PAYMENT FOR PROFESSIONAL SERVICES

SEC. 6.—The ethical physician, engaged in the practice of medicine, limits the sources of his income received from professional activities to services rendered to the patient. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered or in the form of a subsequent statement.

Unethical methods of inducement to refer patients are devices employed in a system of patronage and reward. They are practiced only by unethical physicians and often utilize deception and coercion. They may consist of the division of a fee collected by one physician ostensibly for services rendered by him and divided with the referring physician or physicians or of receiving the entire fee in alternate cases.

When patients are referred by one physician to another, it is unethical for either physician to offer or to receive any inducement other than the quality of professional services. Included among unethical inducements are split fees, rebates, "kickbacks," discounts, loans, favors, gifts, and emoluments with or without the knowledge of the patient. Fee splitting violates the patient's trust that his physician will not exploit his dependence upon him and invites physicians to place the desire for profit above the opportunity to render appropriate medical service.

Billing procedures which tend to induce physicians to split fees are unethical. Combined billing by physicians may jeopardize the doctor-patient relationship by limiting the opportunity for understanding of the financial

arrangement between the patient and each physician. It may provide opportunity for excessive fees and may interfere with free choice of consultants, which is contrary to the highest standards of medical care.

PATENTS AND COPYRIGHTS

SEC. 7.—A physician may patent surgical instruments, appliances and medicines or copyright publications, methods and procedures. The use of such patents or copyrights or the receipt of remuneration from them which retards or inhibits research or restricts the benefits derivable therefrom is unethical.

DISPENSING OF DRUGS AND APPLIANCES BY PHYSICIANS

SEC. 8.—It is not unethical for a physician to prescribe or supply drugs, remedies, or appliances as long as there is no exploitation of the patient.

REBATES AND COMMISSIONS

SEC. 9.—The acceptance of rebates on prescriptions and appliances or of commissions from those who aid in the care of patients is unethical.

SECRET REMEDIES

SEC. 10.—The prescription or dispensing by a physician of secret medicines or other secret remedial agents, of which he does not know the composition, or the manufacture or promotion of their use is unethical.

EVASION OF LEGAL RESTRICTIONS

SEC. 11.—An ethical physician will observe the laws regulating the practice of medicine and will not assist others to evade such laws.

CHAPTER II

DUTIES OF PHYSICIANS TO THEIR PATIENTS STANDARDS, USEFULNESS, NONSECTARIANISM

SECTION 1.—In order that a physician may best serve his patients, he is expected to exalt the standards of his profession and to extend its sphere of usefulness. To the same end, he should not base his practice on an exclusive dogma or a sectarian system, for "sects are implacable despots; to accept their thralldom is to take away all liberty from one's action and thought."* A sectarian or cultist as applied to medicine is one who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience. All voluntarily associated activities with cultists are unethical. A consultation with a cultist is a futile gesture if the cultist is assumed to have the same high grade of knowledge, training and experience as is possessed by the doctor of medicine. Such consultation lowers the honor and dignity of the profession in the same degree in which it elevates the honor and dignity of those who are irregular in training and practice.

PATIENCE, DELICACY AND SECRECY

SEC. 2.—Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the state. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidences entrusted to him as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would desire another to act toward one of his own family in like circumstances. Before he determines his course,

* Nicon, Father of Galon.

the physician should know the civil law of his commonwealth concerning privileged communications.

PROGNOSIS

SEC. 3.—The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

THE PATIENT MUST NOT BE NEGLECTED

SEC. 4.—A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving notice to the patient, his relatives or his responsible friends sufficiently long in advance of his withdrawal to allow them to secure another medical attendant.

CHAPTER III

DUTIES OF PHYSICIANS TO THE PROFESSION AT LARGE UPHOLDING THE HONOR OF THE PROFESSION

SECTION 1.—A physician is expected to uphold the dignity and honor of his vocation.

MEMBERSHIP IN MEDICAL SOCIETIES

SEC. 2.—For the advancement of his profession, a physician should affiliate with medical societies and contribute of his time, energy and means so that these societies may represent the ideals of the profession.

SAFEGUARDING THE PROFESSION

SEC. 3.—Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education.

EXPOSURE OF UNETHICAL CONDUCT

SEC. 4.—A physician should expose, without fear or favor, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. Questions of such conduct should be considered, first, before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations, provided such a course is possible and provided, also, that the law is not hampered thereby. If doubt should arise as to the legality of the physician's conduct, the situation under investigation may be placed before officers of the law, and the physician-investigators may take the necessary steps to enlist the interest of the proper authority.

CHAPTER IV

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER DEPENDENCE OF PHYSICIANS ON EACH OTHER

SECTION 1.—As a general rule, a physician should not attempt to treat members of his family or himself. Consequently, a physician should cheerfully and without recompense give his professional services to physicians or their dependents if they are in his vicinity.

COMPENSATION FOR EXPENSES

SEC. 2.—When a physician from a distance is called to advise another physician about his own illness or about that of one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered him. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss may, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN IN CHARGE

SEC. 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select one physician to take charge of the case. The family may ask the physician in charge to call in other physicians to act as consultants.

CHAPTER V

DUTIES OF PHYSICIANS IN CONSULTATIONS CONSULTATIONS SHOULD BE ENCOURAGED

SECTION 1.—In a case of serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

SEC. 2.—In every consultation, the benefit to the patient is of first importance. All physicians interested in the case should be candid with the patient, a member of his family or a responsible friend.

PUNCTUALITY

SEC. 3.—All physicians concerned in consultations should be punctual. When, however, one or more of the consultants are unavoidably delayed, the one who arrives first should wait for the others for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any other reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or it be the desire of the patient, his family or his responsible friends, the consultant may examine the patient and mail his written opinion, or see that it is delivered under seal to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

PATIENT REFERRED TO CONSULTANT

SEC. 4.—When a patient is sent to a consultant and the physician in charge of the case cannot accompany the patient, the physician in charge should provide the consultant with a history of the case, together with the physician's opinion and outline of the treatment, or so much of this as may be of service to the consultant. As soon as possible after the consultant has seen the patient he should address the physician in charge and advise him of the results of the consultant's investigation. The opinions of both the physician in charge and the consultant are confidential and must be so regarded by each.

DISCUSSIONS IN CONSULTATION

SEC. 5.—After the physicians called in consultation have completed their investigations, they and the physician in charge should meet by themselves to discuss the course to be followed. Statements should not be made, nor should discussion take place in the presence of the patient, his family or his friends, unless all physicians concerned are present or unless all of them have consented to another arrangement.

RESPONSIBILITY OF ATTENDING PHYSICIAN

SEC. 6.—The physician in charge of the case is responsible for treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, after such a change, it is best to call another consultation; then the physician in charge should state his reasons for departing from the course decided at the previous conference. When an emergency occurs during the absence of the physician in charge, a consultant may assume authority until the arrival of the physician in charge, but his authority should not extend further without the consent of the physician in charge.

CONFLICT OF OPINION

SEC. 7.—Should the physician in charge and a consultant be unable to agree in their view of a case, another consultant should be called or the differing consultant should withdraw. However, since the patient employed the consultant to obtain his opinion, he should be permitted to state it to the patient, his relative or his responsible friend, in the presence of the physician in charge.

CONSULTANT AND ATTENDANT

SEC. 8.—When a physician has acted as consultant in an illness, he should not become the physician in charge in the course of that illness, except with the consent of the physician who was in charge at the time of the consultation.

CHAPTER VI

DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE MISUNDERSTANDINGS TO BE AVOIDED

SECTION 1.—A physician, in his relationship with a patient who is under the care of another physician, should not give hints relative to the nature and treatment of the patient's disorder; nor should a physician do anything to diminish the trust reposed by the patient in his own physician. In embarrassing situations, or whenever there seems to be a possibility of misunderstanding with a colleague, a physician should seek a personal interview with his fellow.

SOCIAL CALLS ON PATIENT OF ANOTHER PHYSICIAN

SEC. 2.—When a physician makes social calls on another physician's patient he should avoid conversation about the patient's illness.

SERVICES TO PATIENT OF ANOTHER PHYSICIAN

SEC. 3.—A physician should not take charge of, or prescribe for another physician's patient during any given illness (except in an emergency) until the other physician has relinquished the case or has been formally dismissed.

CRITICISM TO BE AVOIDED

SEC. 4.—When a physician does succeed another physician in charge of a case, he should not disparage, by comment or insinuation, the one who preceded him. Such comment or insinuation tends to lower the confidence of the patient in the medical profession and so reacts against the patient, the profession and the critic.

EMERGENCY CASES

SEC. 5.—When a physician is called in an emergency because the personal or family physician is not at hand, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the personal or family physician. However, he should first report to the personal or family physician the condition found and the treatment administered.

PRECEDENCE WHEN SEVERAL PHYSICIANS ARE SUMMONED

SEC. 6.—When several physicians have been summoned in a case of sudden illness or of accident, the first to arrive should be considered the physician in charge. However, as soon as is practicable, or on the arrival of the acknowledged personal or family physician, the first physician should withdraw. Should the patient, his family or his responsible friend wish some one other than he who has been in charge of the case, the patient or his representative should advise the personal or family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital without the knowledge of the physician who is known to be the personal or family physician, the patient should be returned to the care of the personal or family physician as soon as is feasible.

SEC. 7.—When a physician is requested by a colleague to care for a patient during the colleague's temporary absence, or when, because of an emergency, a physician is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy that he would wish used in similar circumstances if the patient were his responsibility. The patient should be returned to the care of the attending physician as soon as possible.

SUBSTITUTION IN OBSTETRIC WORK

SEC. 8.—When a physician attends a woman who is in labor because the one who was engaged to attend her is absent, the physician summoned in the emergency should relinquish the patient to the first engaged, on his arrival. The one in attendance is entitled to compensation for the professional services he may have rendered.

DISPUTES BETWEEN PHYSICIANS

SECTION 9.—Whenever there arises between physicians a grave difference of opinion, or of interest, which cannot be promptly adjusted, the dispute should be referred for arbitration, preferably to an official body of a component society.

CHAPTER VII

COMPENSATION

LIMITS OF GRATUITOUS SERVICE

SECTION 1.—Poverty of a patient, and the obligation of physicians to attend one another and the dependent members of the families of one another, should command the gratuitous services of a physician. Institutions and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, should meet such costs as are covered by the contract under which the service is rendered.

CONDITIONS OF MEDICAL PRACTICE

SEC. 2.—A physician should not dispose of his services under conditions that make it impossible to render adequate service to his patients, except under circumstances in which the patients concerned might be deprived of immediately necessary care.

CONTRACT PRACTICE

SEC. 3.—Contract practice as applied to medicine means the practice of medicine under an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, whereby partial or full medical services are provided for a group or class of individuals on the basis of a fee schedule, or for a salary or for a fixed rate per capita.

Contract practice *per se* is not unethical. Contract practice is unethical if it permits of features or conditions that are declared unethical in these Principles of Medical Ethics or if the contract or any of its pro-

visions causes deterioration of the quality of the medical services rendered.

FREE CHOICE OF PHYSICIAN

SEC. 4.—Free choice of physician is defined as that degree of freedom in choosing a physician which can be exercised under usual conditions of employment between patients and physicians. The interjection of a third party who has a valid interest, or who intervenes between the physician and the patient does not *per se* cause a contract to be unethical. A third party has a valid interest when, by law or volition, the third party assumes legal responsibility and provides for the cost of medical care and indemnity for occupational disability.

PURVEYAL OF MEDICAL SERVICE

SEC. 5.—A physician should not dispose of his professional attainments or services to any hospital, lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit exploitation of the services of the physician for the financial profit of the agency concerned. Such a procedure is beneath the dignity of professional practice and is harmful alike to the profession of medicine and the welfare of the people.

CHAPTER VIII

DUTIES OF PHYSICIANS TO THE PUBLIC PHYSICIANS AS CITIZENS

SECTION 1.—Physicians, as good citizens, possessed of special training, should advise concerning the health of the community wherein they dwell. They should bear their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations.

PUBLIC HEALTH

SEC. 2.—Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, a physician must continue his labors without regard to the risk to his own health.

PHARMACISTS

SEC. 3.—Physicians should recognize and promote the practice of pharmacy as a profession and should recognize the cooperation of the pharmacist in education of the public concerning the practice of ethical and scientific medicine.

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WHAT AMERICANS THINK

(Continued from page 800)

percent say they don't know why they don't belong.

Here are the reasons for belonging given by the 90% of the doctors who hold membership in A.M.A.:

Custom, it's the doctors' organization.....	35%
Belief in A.M.A. policies.....	13
In order to belong to local society.....	9
Necessary for hospital affiliation.....	8
Necessary, have to (not amplified).....	7
Journal of the A.M.A.....	6
Public relations, voice of the profession.....	5
For information on medical matters.....	5
Protection of doctors.....	4
Represents profession (not amplified).....	4
Representation on legislation.....	3
For contact with fellow doctors.....	3
For prestige, recognition.....	2
For advancement in profession.....	2
For meetings, conventions.....	1
Protection of public.....	1
Other reasons.....	9
Don't know.....	7

Three doctors in every five belong to professional societies not affiliated with A.M.A., but almost all of these men belong to A.M.A., too. When asked whether they belong to other professional groups not affiliated with A.M.A. (other medical specialty groups) three out of five (60%) of the doctors reply yes. Of the 60%, 54% are A.M.A. members, too; only 6% are non-members. Although a slightly smaller number of general practitioners are A.M.A. members (88% as compared with the average of 90% among all types of doctors), GPs also least often (40% as compared to 60%) say they belong to other unaffiliated organizations.

Half of all doctors claim to be more active in the A.M.A. than in other organizations. Local or county and state medical societies are considered to be affiliated groups insofar as A.M.A. is concerned. Thirty-six percent of those who belong only to A.M.A. and 14% of those who belong to A.M.A. and to other unaffiliated groups—a total of 50%—claim to be more active in A.M.A. than in other organizations. The 35% who say they are more active in other organiza-

tions consist of 29% who are A.M.A. members and 6% who are not.

Belong only to A.M.A.-----	36%	}	50%
More active in A.M.A.-----	14%		
More active in other groups-----	29%	}	35%
Belong only to other groups-----	6%		
No opinion on greater activity-----	11%		
Belong to no professional societies----	4%		

Half of the A.M.A. members who are more active in other professional organizations most often say it is because the other group represents their specialty.

“Why are you more active in the unaffiliated organization?”

Total doctors -----	29%
My specialty -----	15%
Local, closer -----	4
More interesting -----	4
Smaller, more social-----	2
More worthwhile -----	2
Easier to attend meetings-----	2
I am an officer-----	1
Nothing to do in A.M.A.-----	1

Half of the doctors report active participation in A.M.A. affairs at the local and state levels. Fifty percent of the 90% who hold membership

say they attend most local or county society meetings, 65% say they voted on officers at the society’s last election, and 35% say they have held some office in the local or county or state society or A.M.A. Younger members evidently turn out for local and state meetings more regularly (57% as compared with the average of 50%). Smallest degree of local meeting attendance is reported by doctors in the East (38%) as contrasted to Western doctors (61%) who exceed the average by 11%.

Of those who are members, seven out of nine doctors in small cities, two out of three doctors in medium-sized cities and only one out of three in large cities say they attend most local or county society meetings.

“Do you attend most meetings of your local or county medical society?”

50% say they attend most local or county society meetings
9% say they attend about half of them
9% say they attend only some meetings
16% say they attend very few meetings
6% say they do not attend any meetings
10% are not members

Although two out of three doctors (65% of 90%) say they voted in the society’s last election

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Surgery of Colon & Rectum, One Week, September 17
General Surgery, One Week, October 22
Thoracic Surgery, One Week, October 1
Esophageal Surgery, One Week, September 24
Breast & Thyroid Surgery, One Week, October 22
Gallbladder Surgery, 3 Days, October 29
Fractures & Traumatic Surgery, Two Weeks, October 15

GYNECOLOGY & OBSTETRICS—

Obstetrics & Gynecology, Three Weeks, October 22
Office & Operative Gynecology, Two Weeks, September 17
Vaginal Approach to Pelvic Surgery, One Week, September 10

MEDICINE—Electrocardiography & Heart Disease, Two Week Basic Course, October 8; One Week Advanced Course, September 17

Internal Medicine, Two Weeks, September 24
Gastroscopy & Gastroenterology, Two Weeks, September 10
Gastroenterology, Two Weeks, October 22
Dermatology, Two Weeks, October 15
Cardiology (Pediatrics), Two Weeks, November 5

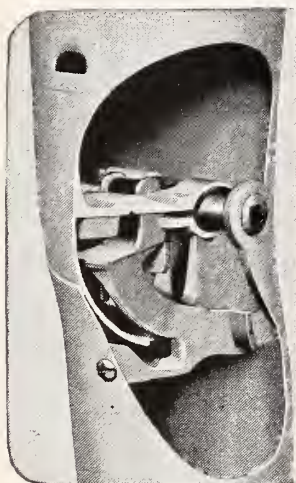
RADIOLOGY—Diagnostic X-Ray, Two Weeks, September 17 Clinical Uses of Radioisotopes, Two Weeks, October 8

UROLOGY—Two-Week Course, October 8 Cystoscopy, Ten Days, by appointment.

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of officers, about one in four says he did not vote. There appears to be little difference between types of physicians in local or county societies elected to office: surgeons (39%), general practitioners (37%), and other specialists in third place (35%).

About one doctor in four (26%) says he has attended from one to four state or national conventions. About one in five (18%) has attended from five to nine meetings and about the same percentage (17%), ten to nineteen meetings. One doctor in eight (12%) has attended 20 or more such meetings. Only sixteen percent (about one in six) has never attended a meeting and 10% are not members. Southern and Eastern doctors report poorest attendances at conventions (Southern, 21% none; Eastern, 18% none, as contrasted to 16% of all doctors who attend none).

Only half of A.M.A. members know what the national dues are, and doctors most often overestimate rather than underestimate dues. Fifty-one percent of all A.M.A. members and 41% of non-members correctly report that A.M.A. dues are \$25 per year. But one out of five doctors (21%) who are A.M.A. members and one out of eight doctors (12%) who are non-members overestimate dues. Twenty percent overestimate dues by from \$1 to \$50. Eight percent of members and the same percentage of non-members underestimate dues, while one out of five members (20%) and nearly two out of five non-members (38%) honestly admit they don't know what A.M.A. dues are. Overestimates probably reveal that many doctors "lump" A.M.A., state and county dues in their minds since single bills for all three are often submitted by county medical societies.

"Do you happen to know what A.M.A. annual membership dues are? How much—not including state, county and local society dues?"

	A.M.A. members	Non- members
Correct answers, \$25 -----	51%	41%
Overestimates -----	21	12
Underestimates -----	8	8
Don't know -----	20	38

Two-thirds of the doctors (68%) think they get full value for their dues. This majority is contrasted with one out of five members (21%) who say they don't. Naturally, more non-members (39%) think doctors don't get their money's

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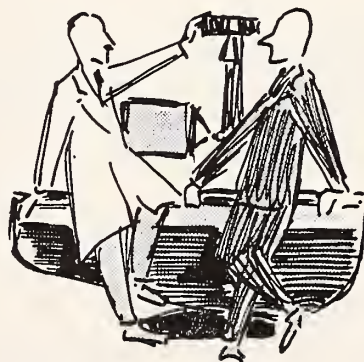
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worth for dues. Only a third of the non-members (35%) say doctors get their money's worth, but a fourth (26%) don't give an opinion.

"Do you think that most doctors get their money's worth for the A.M.A. dues they pay?"

	A.M.A. members	Non- members
Yes, they do -----	68%	35%
No, they don't -----	21	39
No opinion -----	11	26

No single reason is given by those who claim doctors don't get their money's worth for their A.M.A. dues. When given an opportunity to explain why they think members don't get full value in terms of services in return for A.M.A. dues, those doctors who reply "no" give a variety of reasons. No one thing was mentioned by any sizable number, however.

"Why don't they get their money's worth?"

Too remote, have no voice in it-----	3%
No help to me, anyway-----	2
Criticisms of the A.M.A. Journal-----	2
Doctors do not know of services-----	1
Too much emphasis on politics-----	1
Do not represent doctors' views-----	1
Not enough for general practitioners-----	1
Not enough for specialist-----	*
Benefits are indirect-----	1
Just don't, that's all-----	1
Other comments-----	7
Don't know-----	3

* Less than ½%

In a related question, one doctor in ten says that A.M.A. pays too much attention to building itself up financially. However, seven out of ten deny this criticism.

Doctors mention a number of services which they get in return for their A.M.A. dues. The Journal of the A.M.A. is mentioned most often. The A.M.A. Journal is mentioned by three out of four (75%) doctors as a service provided in return for dues. No other single membership benefit receives anywhere near the number of mentions as the Journal—a tangible, and well-known service. One doctor in three mentions literature and library services and one in four

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lists legislative activities. Meetings and conventions are cited by about one in six.

“Do you recall offhand what things or services the doctor gets in return for his A.M.A. dues?”

Journal of the A.M.A.	75%
Other literature, library	31
Legislative action, lobby	26
Meetings, conventions	15
Drug research	9
Advice, counseling	9
Public relations	8
Protection	6
National representation	4
Accrediting to hospitals, clinics	4
Allied with other societies	3
Maintains high standards	3

Membership cards, prestige, hospital inspection, policing of the profession, legal service and post-graduate education are each mentioned by 1% of doctors as A.M.A. services.

The Journal, conventions and other services and information are A.M.A. activities doctors appreciate most. One out of three doctors (33%) mentions the Journal of the A.M.A. as that service he likes best. One in four (26%) says he most appreciates its meetings and con-

ventions. One in five (19%) mentions the Association’s information services for doctors and 10% cite legislative interests and lobbying. About one in ten (9%) mentions research and reports on drugs. Public relations activities, promotion of higher standards, regulation of schools and hospitals, other publications, and opposition to government medicine are also listed by smaller percentages of doctors.

Three-fifths of the doctors think the A.M.A. is doing a “very good” job in its Journal. About half say the same for Today’s Health. Almost two out of three doctors (63%) say A.M.A. is doing a “very good” job in its Journal and one in five (22%) says the Association is doing a “good enough” job. Only one in ten (11%) complains that A.M.A. is not doing a good enough job. The main reasons for not giving the Journal a higher rating have to do with selection of articles.

Chief criticisms of the Journal:

Too scientific, impractical, too statistical	7%
Not enough for general practitioner	5
Poor selection of articles	5
Not enough on my specialty	4



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Too much to read-----	3
Too much on unusual side-----	1
Difficult reading-----	1
Superficial presentations-----	1
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The A.M.A.'s monthly magazine for the public, Today's Health, is also given a "very good" rating by about half of the doctors (48%) and a "good" rating by another 12%. Only three percent say the Association is not doing a good enough job in the magazine. But where Today's Health is concerned, one doctor in eight (37%) says he has never seen it and about a fourth (24%) give no opinions about it. The chief shortcomings doctors see about Today's Health is that it needs to be more widely circulated.

Chief criticisms of Today's Health:

Not widely circulated-----	3%
I'm not very familiar with it-----	2
Too scientific for laymen-----	1
Poorly written-----	1

Doctors have a wide range of suggestions for the A.M.A., most often calling for closer ties with the individual physician and for further improvements in public relations. When given an opportunity to offer suggestions, three-fourths (73%) of the doctors mention changes which they would like to see made in A.M.A. This was the final question asked in interviews with doctors.

"Now to sum up—if you found yourself appointed a top officer in the A.M.A., what changes would you try to put through?"

Get closer to doctors, poll their ideas-----	18%
Improved public relations, public information-----	14
Social security or pensions for doctors-----	9
Higher standards for practice-----	6
Liberalized hospital affiliation requirements---	5
Improvements in Journal-----	5
Strengthened opposition to government medicine -----	3
Elimination of fee splitting-----	2
Greater representation of young doctors-----	2
Increased post-graduate training-----	2
Other changes mentioned by 1% each-----	10
Other changes mentioned by less than ½ of 1% each -----	17
Nothing, it's satisfactory as it is-----	9
Don't know-----	18

All of these suggested changes parallel some of the dislikes of A.M.A. voiced earlier in interviews by three-fifths (58%) of the doctors. The things which members don't like so well about the A.M.A. are listed in Summary II, and are briefly summarized here.

About one doctor in ten (11%) says the A.M.A. is not representative and doesn't poll ideas. Nine percent object to its political activity and lobbying. Small percentages say the Association is remote and not interested in the individual doctor (6%), that it is conservative (5%), and that it opposes social security for doctors (5%). Another 5% disapprove of its public relations policies. Less than 3% mention they dislike the Journal, regimentation and interference, opposition to government medicine, and Association dues. Yet, 22% (nearly one doctor in four) say there is nothing about A.M.A. they dislike and 20% say they don't know what they dislike, if anything.

A healthy amount of constructive criticism can help develop a vigorous and progressive organization. However, one conclusion drawn from the study is that state and county societies as well as the A.M.A. must do a more comprehensive job of familiarizing individual members with Association activities, aims and policies. Many of the criticisms given by doctors reflect lack of information or actual misunderstanding of basic concepts and Associational procedures.

Even though doctors express some dissatisfaction with A.M.A. and state and county societies, almost all physicians prefer to remain within the ranks of organized medicine and contribute their ideas and energies to patterning these organizations more closely to their wishes. This in itself represents a major achievement for the medical profession and prophesies an even more closely unified and energetic profession in the future.

HAVE YOU

GIVEN TO

A.M.E.F.?

ISMA Official Representatives Report on National Science Fair

RALPH C. EADES, M.D.

Valparaiso

DOCTORS OF INDIANA have just accomplished the biggest first step in the medical history of the state. It is a "FIRST" for organized medicine in a concerted public relations effort to prove that "it is more blessed to give than to receive." Through a newly-established relationship with Hoosier boys and girls, we are laying a new foundation for the citizens of the future.

There were 213 young scientists who competed in the Seventh National Science Fair held in Oklahoma City, May 10-12, 1956. Indiana had 16 youngsters in that competition, who, with their teachers, directors and others, were transported from Indianapolis and Lafayette in two DC-3's, at the expense of the Indiana State Medical Association, in order that our state organization might be the first to sponsor such an adventure. It was an active manifestation of interest in young people by their doctors back home.

Two boys and two girls were chosen as first place winners from among these science-minded exhibitors throughout the United States. They were Suzan Lynn Hopkins, a 16-year-old East Waterloo High School junior, from E. Waterloo, Ia.; Taimi Toffer, an 18-year-old Allentown, Pa., High School senior; Charles Pickford Egerton, a 17-year-old Durham, N. C., junior and Loren Cameron Mosher, a 17-year-old North Phoenix High School senior from Phoenix, Ariz.

The four students learned of their selection at the annual Awards Banquet, after an address by Dr. Alan T. Waterman, director of the National Science Foundation, the government's official science arm. The awards were made by Dr. Robert MacVicar, professor and head of agricultural chemistry and research and dean of the graduate school at Oklahoma A & M College, Stillwater, Okla., and executive director of

Frontiers of Science Foundation, Oklahoma City.

Suzan earned top honors in the girls' biological sciences division with an exhibit of her search for an antibiotic from an earthworm; Taimi, winner of the girls' physical sciences division, had as her project a demonstration of electrophoresis, a new electrical technique for separating the proteins in blood. Charles' exhibit of a new method for preparing the skeleton of an animal that keeps the cartilage intact and permits the skeleton to be molded rather than wired into shape, earned him first in the boys' biological sciences division. Loren won top prize in the boys' physical sciences division with an experimental answer to the question of what happens to the potential energy of a wound-up spring when it is dissolved in an acid.

Each of the top place winners will receive scientific equipment of their own choosing valued at \$125. These are known as the "wish" awards. Every exhibitor at the national event had already been named winner at his or her local fair. There were 110 regional fairs this year. Each exhibitor was also awarded a silver medal with a gold emblem.

INDIANA YOUTH A "SECOND"

Winners of the second place "wish" awards amounting to \$75 in scientific equipment of their own choosing and the titles of their fair projects are: Evelyn LaHeist, 16, Kearny High School, San Diego, Calif., Malaria; Joel Frederic Lubar, 17, Montgomery Blair High School, Silver Spring, Md., Investigation of the Universe; Donald Brooks Kelley, 18, Charlestown (W. Va.) Catholic High School, Tetrahedron Tower; Betty Marie Howell, 17, Valley High School, Albuquerque, N. Mex., Wind Tunnel; Sandra Lee Orr, 16, Park County High School, Living-

ston, Mont., Plant Nutrition; Richard Savage, 17, St. Meinrad (Ind.) Minor Seminary, Release of Free Oxygen by Algae. Richard won the highest honors among the Indiana exhibitors.

Roberta Whitely, 15, of Thomas Carr Howe High School in Indianapolis, was among those given third place ratings. Her project was Reaction in Plants.

This year's Science Fair was considered of such impact that even President Eisenhower was prompted to give it recognition by the following telegram read before the opening session:

WATSON DAVIS
DIRECTOR, SCIENCE SERVICE
NATIONAL SCIENCE FAIR
OKLAHOMA CITY

TO THE YOUNG SCIENTISTS AT THE SEVENTH NATIONAL SCIENCE FAIR, AND THROUGH THEM TO THE THIRD OF A MILLION MEMBERS OF SCIENCE CLUBS OF AMERICA IN HIGH SCHOOLS THROUGHOUT THE UNITED STATES, I EXTEND WARM GREETINGS. I CONGRATULATE THEM ON THE SCIENTIFIC EXPERIMENTS WHICH THEY ARE CONDUCTING AS HOBBIES AND AS PART OF THEIR SCHOOL WORK. SUCH INTEREST IN SCIENCE AND TECHNOLOGY WILL HELP TO KEEP AMERICA'S INDUSTRY AND NATIONAL DEFENSE STRONG IN THE YEARS TO COME.

TO ALL WHO ARE HELPING TO PROMOTE SUCH INTEREST AMONG OUTSTANDING BOYS AND GIRLS IN OUR NATION'S SCHOOLS, I EXTEND BEST WISHES FOR CONTINUING SUCCESS.

DWIGHT D. EISENHOWER

This was also the first time that the A.M.A. had recognized our nation's youthful scientists. Through the efforts of Thomas Hendricks of the national body, the American Medical Association for the first time gave six awards which were to eventuate in a visit to this year's Scientific Session held in Chicago June 10 to 15.

TOP RANK JUDGES

Judges supplied at the instance of the A.M.A. included Dr. Alphonse McMahon, St. Louis (chairman); Dr. H. M. McClure, Chickasha, Okla.; Dr. Samuel P. Newman of Denver, Colo.; Dr. Stanley P. Reimann, Philadelphia, Pa.; Dr. Henry H. Turner of Oklahoma City; Dr. Thomas Gordon Hull (ex-officio), director of Scientific Exhibits and of the Bureau of Exhibits of the A.M.A. He is executive director of the Medical Exhibits of Chicago Museum of Science and Industry.

The Indiana Science Fair winners were from eight Regionals, each of which sent one boy and one girl to the National Fair. Prof. Ralph Lefler, of Purdue University, was the state co-ordinator.

Dr. Earl Mericle, the chairman of the Public Relations Committee of the I.S.M.A., made the trip with the Indianapolis contingent, and Dr. Ralph C. Eades, of Valparaiso, representing the founding Porter County Society, accompanied the Lafayette group, as official observers.

The National Science Fair is now a well-established American Institution. The A.M.A. has recognized this in giving awards to young scientists for their scientific efforts at the 1956 Seventh Science Fair.

A San Diego girl and an Oklahoma City girl

THE WHITE HOUSE
WASHINGTON, D.C.

were to show their exhibits among professional displays at the Chicago meeting of the American Medical Association.

The winners of the American Medical Association's special awards at the Seventh National Science Fair are Evelyn LaHeist, 16, Kearny High School, San Diego, Calif., for her exhibit entitled Malaria, and Lynn C. Dunn, 16, Central Senior High School, Oklahoma City, Okla., for her exhibit, Molds and Algae.

Winners of honorable mention, who were to go to Chicago in the event the first place winners were unable to do so, are Robert B. Nathanson, 15, Hall High School, West Hartford, Conn., whose exhibit is called The Effect of Aureomycin on the Encystment and Excystment of the Amoeba, and Robert Henry Armsby, 17, Sanford Preparatory School, Hockessin, Del., who exhibited a Respiration Calorimeter.

The American Medical Association award is bestowed in addition to the regular prizes at the Annual National Science Fair, conducted by Science Clubs of America and administered by Science Service. The A.M.A. citation includes a

plaque and an all-expense paid trip to the A.M.A. convention in Chicago.

The six judges, nationally recognized doctors, arrived at their verdict only after reconsidering the exhibits seven times. The winners were announced at a special luncheon culminating the Seventh National Science Fair.

A FORWARD STEP

From the medical point of view, the profession is to be congratulated. From humble beginnings in the Porter County Society, through the I.S.M.A. and the A.M.A. to the Oklahoma City Fair, the project was a huge success. At the final

meeting when the A.M.A. citations were made, Dr. Alfred R. Sugg of Ada, Okla., said:

"This is a new wrinkle to have a physician taking active part in such activities as this fair. We used to be a profession apart. We are learning to accept responsibility as citizens also. . . . This is a command performance.

"The A.M.A. is proud to sponsor such a worthwhile effort and an organization calculated to bring success and happiness to you as individuals, and peace and progress and security to the nation."

Let us hope the I.S.M.A. will continue this service to our future scientists in keeping with its tenets of the great oath of Hippocrates.

Report on Science Fair

EARL W. MERICLE, M.D.

Indianapolis

ON MAY 9 at 1 p.m. separate planes leaving Lafayette and Indianapolis were taking to Oklahoma City, the regional winners of the Science Fair. Eight contestants and their instructors were on each plane. In addition to that representatives of the State Medical Association, the American Medical Association, Directors of the Science Fairs, and press representatives were on each plane. Dr. Ralph Eades accompanied the plane from Lafayette and Dr. Earl Mericle accompanied the plane from Indianapolis. These planes were provided by Purdue University's department of aeronautics and financed by the Indiana State Medical Association for the round trip. The flight to Oklahoma City was uneventful, except one plane struck rather rough weather and the passengers in that plane suffered some from air sickness for a brief time. In general the flight was quite successful. The personnel of Purdue University were very solicitous of their welfare and did a grand job of taking them down to Oklahoma City. There the passengers were met by buses and taken to the hotel and from the time of arrival until the next morning at 11 a.m. the contestants were busily engaged in setting up their exhibits.

By 11 a.m. these exhibits were all set up.

Indiana, having 16 participants, was well represented. A total of 215 from the whole United States of America and 38 states participated. The whole National Science Fair had been well planned. Adequate time was given to set up exhibits and little time was left to the individual other than for sleeping. Tours were arranged through the Oklahoma University at Norman, Oklahoma, and the Tinkler Air Service Command near Oklahoma City. In addition to that, tours were arranged through the West Edmond and Oklahoma City oil fields, the Oklahoma Medical Research Foundation, Armour and Co., and Wilson and Co., meat processing industries, and WKTV, first independent station to transmit color.

The exhibits were very amazing. It is really hard to comprehend that high school students are capable of such production. One outstanding production which did not, however, come into the winning column, was that of a boy who was doing surgery on parakeets for neoplasms. In addition to that there was a demonstration of an antibiotic taken from an earthworm. It ranged from that to nuclear physics, wind tunnels, and the atomic tables in chemistry. Each contestant was quite willing to discuss his presentation and

all the presentations were well documented, so that one could read as he went around seeing them.

The next morning, Thursday, May 10, the whole group was gathered together and a telegram from President Eisenhower was read to the group expressing his appreciation for their services and encouraging them in their work. From that time until Friday evening at the dinner awards, most of the time was taken up viewing exhibits and going on tours.

The judges of the fair were the following people: Dr. Fred Allen, Head of the Biological Sciences Department at Southwestern State College; Dr. Harriet G. Barclay, Head of the Department of Botany at the University of Tulsa; Dr. Otis C. Dermer, Head of Department of Chemistry at Oklahoma A. & M. College; Mr. Fred E. Frey, assistant director of the Research Division of Phillips Petroleum Co.; Dr. George J. Goodman, Professor of Plant Sciences of University of Oklahoma; Professor Charles E. Harp, Professor of Electrical Engineering at University of Oklahoma; Dr. Harriet Harvey, Associate Professor of Zoology at University of Oklahoma; Dr. Jasper O. Hassler, Professor Emeritus of Mathematics and Astronomy of University of Oklahoma; Dr. Arthur A. Hellbaum, chairman of the Department of Pharmacology of University of Oklahoma School of Medicine; Dr. Cliff E. Hopla, Associate Professor of Department of Zoology of University of Oklahoma; Mr. Roy L. Jones, inventory and cost engineer with the Southwestern Bell Telephone Co.; Dr. Roy Winfield Jones, Professor and Head of the Zoology Department of Oklahoma A. and M. College; Dr. Charles D. Kochakian, Professor of Research Biochemistry of University of Oklahoma School of Medicine; Dr. Robert MacVicar, Professor and Head of Agricultural Chemistry Research and Dean of the Graduate School of Oklahoma A. & M. College; Dr. Thomas A. McCoy, Director of Biomedical Division of the Samuel Roberts Noble Foundation; Dr. J. Rud Nielsen, research professor of physics at the University of Oklahoma; Mr. William D. Owsley, vice president for Engineering Advice to Management of Halliburton Oil Well Cementing Co., Duncan, Oklahoma; Sister May Scholastica Jenkins, registrar of Benedictine Heights College, Tulsa, Oklahoma; Dr. Wm. Schriever, Associate Professor of Physics of University of Oklahoma; Mr. Harold

M. Smith, regional director of the U. S. Bureau of Mines; Dr. Noyes D. Smith, vice-president of Shell Development Co.; Dr. Lloyd Edward Swearingen, executive director and vice-president for Research and Development of the University of Oklahoma Research Institute.

At this meeting it was also announced that the American Medical Association was participating in the Science Fairs, having separate awards and the judges for that particular effort were announced at that time. They were: Dr. Alphonse McMahon, chairman of the Board of Judges for the A.M.A., Professor of Medicine at St. Louis University; Dr. H. H. McClure, practicing general surgery in Chickasha, Oklahoma; Dr. Samuel P. Newman, orthopedic surgery at Denver, Colorado and presently a member of the A.M.A.'s Council on Scientific Assembly; Dr. Stanley P. Reimann, pathologist and director of the Lankenau Hospital Research Institute and Scientific Director of the Institute for Cancer Research in Philadelphia, Pennsylvania; Dr. Henry H. Turner of Oklahoma City, Clinical Professor of Medicine at the Oklahoma School of Medicine; Dr. Thomas Gordon Hull, who has been director of the Scientific Exhibit and Bureau of Exhibit of the A.M.A. since 1930.

There were four first place winners in the 215 contestants. They were: Susan Lynn Hopkins, 16, East Waterloo High School junior from East Waterloo, Iowa; Taimi Toffer, 18, Allentown High School senior from Allentown, Pennsylvania; Charles Pickford Egerton, 17, high school student from Durham, North Carolina, and Loren Cameron Mosher, 17, North Phoenix High School from Phoenix, Arizona. The exhibits by these people were in the order named, Search for an antibiotic from an earthworm; Demonstration of Electrophoresis; A new technique for separating the proteins in blood; Preparation of the skeleton of an animal that requires no wires and can keep the cartilage intact. The fourth contestant had as his experiment the answer to what happens to the potential energy of a wound-up spring when it was dissolved in acid.

There were eight second place winners, one of whom was from Indiana. Richard Savage of St. Meinrad Abbey won a second place on his exhibit on the Release of Free Oxygen by Algae. This was a most interesting exhibit as he utilized a live rat to show how oxygen was released.

There were several third place winners, one of whom was Roberta Whitely from Thomas

Carr Howe High School of Indianapolis, whose work was on Reaction in Plants.

There were several fourth place winners, one of whom was Hubert M. Schmitter of Delphi, whose exhibit was Exact Evaluation of the Charge of the Electron.

At the Awards Luncheon the next day the group was given a very inspiring address by Dr. Alfred J. Sugg of the Sugg Clinic. Dr. Sugg's address had to do with the physicians taking active part in the Science Fairs and said that the A.M.A. was proud to sponsor such an effort. He encouraged all of the students to go on in their efforts, pointing out that regimentation had little place if any in the field of science. He brought out the necessity for educating more scientists in this country. He pointed out the Russian effort of trying to produce scientists but he thought that our effort was better where we left it to the people's individuality. He pointed out particularly the challenge that medicine offered the scientists today and again reiterated statements made before at this meeting, that the frontier is no longer physical but in the fields of science.

Dr. Newman then presented the awards and citations to the group assembled. The two first place winners were: Evelyn LaHeist of Kearny High School, San Diego, California, whose work was a demonstration of the malarial parasite through a life cycle. The other first was for Lynn Dunne, Central High School, Oklahoma City, on Molds and Algae.

Two seconds were presented: One was the Effect of Aureomycin on the Encystment and Excystment of Ameoba by Robert B. Nathanson, Hall High School, West Hartford, Connecticut. Another second was a respiratory calorimeter done by Robert Henry Armsby of the Sanford Preparatory School, Hockessin, Delaware.

Indiana can be proud of its position in the Science Fair movement, and certainly the medical profession in Indiana can be proud of its place in this program. After all, Dr. Ralph Eades of Valparaiso was the first man to become interested in this deal, as far as I know, in the whole United States. It was through his efforts that Tom Hendricks became interested and through Tom Hendricks' efforts that the American Medical Association has become interested and today the A.M.A. is taking a special position in this whole effort, realizing the importance that it has for the nation at large and for the sciences in

general. Although the State Association had some nominal expense in providing transportation to the Science Fair at Oklahoma City, it was certainly money well spent. Nothing that we have done in the past will bring to us as much return, both in good will and in production of worthwhile things, as this has done. Indiana incidentally, has the only state medical organization which is farsighted enough to provide transportation for these students to their National Fairs.

* * *

The official party of the Indiana Regional Science Fairs which flew from Lafayette, Indianapolis and Evansville to Oklahoma City for the National Science Fair through the courtesy of the Indiana State Medical Association included, in addition to Drs. Eades and Mericle, the following persons:

From Fort Wayne: William T. Lindley and David Prezbindowski, students; Dorothy Ridgway and Sister Mary Blanche, sponsor; Robert McCord, director; Robert LaFollette, press.

From Valparaiso: Robert Ennis, Jr. and Demos Gelopulos, students; Sister Mary Dolata and Gerald Doeden, sponsors; William W. Bloom, director.

From Richmond: Anna Marie Pickett and Glenn Zabec, students; Von Alexander and Robert Carpenter, sponsors; Herbert Gaede, director; Robert Cooper, observer.

From Lafayette: Hubert Schmitter and Derek Sharvelle, students; Charles Geheb and R. E. Curtice, sponsors; R. W. Lefler, coordinator; Frank Arganbright, press.

From Central Indiana (Indianapolis): Penelope S. Sprague and Roberta Whitely, students; Eugene F. Hilleker and William F. Smith, sponsors; Mrs. Hilleker, chaperone; Edward J. Rowe, director.

From Bloomington: Jerry Sprinkle and Robert L. Leech, students; Erwin Steinkamp and Ted S. Marston, sponsors.

From Terre Haute: William F. Hanna and Richard R. Slater, students; Wilbur Russell and Sister Agnes Aloyse, sponsors; Howard T. Black, director.

From Evansville: C. Clark Kissinger and Richard Savage, students; W. P. Rhoads and Father Kevin Ryan, sponsors; C. W. Robertson, director; John McClane, press; Charles C. Kissinger, M.D., observer.

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Adults	—0.5 cc subcutaneously followed by 1.0 cc in 7 days.	Active	6 months	0.12-1.0 cc according to age every 6 months in endemic areas
		Children: 6 months to 2 years 3-6 years 7-10 years 11 years and older	Three subcutaneous injections given 7-10 days interval. (1) 0.06 cc; (2) 0.12 cc; (3) 0.12 cc (1) 0.12 cc; (2) 0.25 cc; (3) 0.25 cc (1) 0.25 cc; (2) 0.5 cc; (3) 0.5 cc Adult schedule			
Diphtheria	Diphtheria Antitoxin	All early cases	Usually intramuscular if seen within 48 hours of onset. Warning: Test for sensitivity to horse serum. May be used intravenously in severe nasopharynx cases. Dosage dependent on degree of toxicity rather than age and weight. 10,000 units to 75,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria Toxoid (Fluid or Alum precipitated or Aluminum phosphate adsorbed)	Children older than 11 years and adults	Should not be administered unless person is Schick positive. Even extremely small doses may cause severe reactions in sensitive individuals. Toxoid sensitivity tests should be made on Schick positive reactors with extremely dilute toxoid material following technique of Moloney or instructions from pharmaceutical house.	(If toxoid is given then active immunity develops)	Indefinite	Per instructions of manufacturer depending on the results of toxoid sensitivity test.
Diphtheria	Diphtheria-Pertussis-Tetanus Alum precipitated or Aluminum hydroxide (or Aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc (DPT)	Children under 5 years	(1) First dose of 0.5 cc deep intramuscularly—follow injection with 0.1-0.2 cc air. Given 1-3 months age. (2) Second dose of 0.5 cc deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc deep intramuscularly one month after 2nd dose. (4) If 1st dose given earlier than 3 months of age, then give fourth dose 2-3 months after series completed.	Active	Indefinite	D. P. T. booster of 0.5 cc at 12 to 18 months and 4-5 years.
Diphtheria	Diphtheria Tetanus Toxoid Alum precipitated or Aluminum hydroxide (or aluminum phosphate) adsorbed	Children over 5 years and up to 10 years	(1) First dose of 0.5 cc deep intramuscularly, follow injection with 0.1-0.2 cc air. (2) Second dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc air.	Active	Indefinite	Diphtheria Tetanus booster 0.25 cc to 0.5 cc Caution: Do not give to children past 10 years of age.

Diphtheria	Diphtheria Toxoid Pertussis Vaccine Tetanus Toxoid Fluid	Rapid immunization of children under 10 years	Three doses of 0.5 cc given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at one week intervals.	Active	Antigenic response lower than with the alum preparations and does not last as long.	0.5 cc every 2 years.
Diphtheria	Diphtheria Toxoid Tetanus Toxoid Fluid	Rapid immunization under 10 years	Three doses 0.5 cc given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at intervals of one week.	Active	Antigenic response lower than with alum preparations and does not last as long.	0.5 cc every 2 years.
Hepatitis, Infectious (Epidemic)	Immune Serum Globulin (Gommo Globulin)	All exposed in house- hold, institution, etc.	Dosage: 0.01 cc per pound of body weight. Given intramuscularly.	Possible	Brief	Repeat each exposure.
Influenza	Polyvalent Vaccine	Use during epidemics	Give total of 1.0 cc in the course of one week.	Active (in 70% + immunized)	Short: 3-4 months	Repeat primary injection
Measles (Rubeola)	Immune Serum Globulin (Gommo Globulin)	Complete passive immunity children under one year; children ill with chronic disease or healthy child whose siblings are ill with chronic disease	1.0 cc subcutaneously. Warning: Precautions must be taken in indi- viduals sensitive to egg protein. (Note: There is less chance of local or systemic reaction if only 0.1 cc is given intradermally.)	Possible	Very brief	Repeat each exposure.
Measles, German (Rubella)	Immune Serum Globulin (Gommo Globulin)	Incomplete immunity or modification in all other children	Dosage 0.2 cc per pound of body weight given prior to 6th day after exposure. Given intra- muscularly.	Partial passive. Child has modified disease and develops active immunity	For life if disease was modified and not prevented.	Repeat each exposure if pregnant.
Meningococcal Meningitis	Sulfadiazine	Pregnant females exposed during the first trimester	Dosage: 0.1 cc per pound of body weight. Given intramuscularly.	Passive	Very brief	Repeat following each exposure.
		Control of exposed persons in community groups Children up to 11 yrs.	0.5 gm twice daily for 2 days.	None Chemical prophylaxis only	Very brief—for one exposure only.	
		Adults (and children 12 yrs. or over)	1.0 gm twice daily for 2 days.			

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Mumps	Mumps Vaccine	Adults exposed to case and with negative history of having had mumps	Warning: Check on sensitivity to egg protein. Two injections given 5 to 10 days apart of 1.0 cc each subcutaneously.	Active	Brief	Previously immunized persons may be given booster dose of 0.5 to 1.0 cc subcutaneously.
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every 3 years to 6 or 7 years of age.
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Exposure Recall	Two injections subcutaneously 7-10 days apart. First injection 0.5 cc; second, 1.0 cc. 0.06 cc; 0.12 cc; 0.12 cc 0.12 cc; 0.25 cc; 0.25 cc 0.25 cc; 0.50 cc; 0.50 cc	Active	Indefinite	4 NIH units (0.5 cc) saline suspension subcutaneously if child has not had immunization past 2 years.
		Epidemics and areas with high endemic rate. Adults: 6 months-2 years 2 years-6 years 6 years-10 years		Active	Partial protection for period of 4-6 mos.	1.0 cc every 4 months as long as danger of epidemic exists.
		Children: 6 months-2 years 2 years-6 years 6 years-10 years		Active	Partial protection for period of 4-6 mos.	Booster dose for children is same as first dose of initial series.
Polio	Polio Vaccine (Salk) Vaccine	Restricted to age groups 1 to 19 years and pregnant females any age	Two injections each 1.0 cc given intramuscularly at interval of 1 month.	Active	Not known	Booster dose of 1.0 cc intramuscularly given 7 months after second dose.
Rabies	Rabies—hyperimmune serum 1000 units per pound of body weight Rabies Vaccine 7-14 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum.

	Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 3 days.	Active immunity from rabies vaccine	Indefinite	Rabies vaccine prepared according to Semple method—should not repeat full course—one to 3 injections probably sufficient. More hazardous Egg embryo vaccine—give one injection.
Rocky Mountain Spotted Fever	Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.	Active	One year	1.0 cc Booster annually.
	Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately using hyperimmune serum followed by 7-14 doses vaccine depending upon whether single or multiple bites and location.			
	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc subcutaneously or intramuscularly at intervals of one week.			
Smallpox	Children and Adults	Begin at 5-12 months. Administered by multiple pressure technique skin over insertion of left deltoid.	Active	Indefinite, average 3 years	Repeat every 4th year.
Tetanus	All cases of puncture wounds and animal bites when person has not been immunized or more than 2 years since last booster.	Caution: Skin test first for serum sensitivity. Intramuscular injection of 10,000 units antitoxin.	Passive	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with Toxoid preferred.
	All	Two doses, each 0.5 cc, given intramuscularly, at least one and preferably 2-3 months interval.	Active	At least 4 years	0.5 cc end first year, then—Booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
	Tetanus Toxoid, Fluid (See Double and Triple antigens under "Diphtheria")	All	Three doses, each 0.5 cc, subcutaneously or intramuscularly at one month and preferably 2-3 months between doses.	Active	At least 4 years	0.5 cc end first year, then—Booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
Typhoid Fever	Typhoid Vaccine Triple vaccine containing 1000 million S. typhosa and 250 million each of paratyphoid A and B per cc.	All persons living in or traveling to areas where disease is endemic or insidious conditions exist.	<p>Adults Three doses, each 0.5 cc subcutaneously not less than 7 days or more than 28 day intervals between doses. An alternate method is: 0.1 cc; 0.15 cc and 0.2 cc given intradermally not less than 7 nor more than 28 days between doses.</p> <p>Children 6 mo.-2 yr.—(1) 0.06 cc; (2) 0.12 cc; (3) 0.12 cc 2 yr.- 6 yr.—(1) 0.12 cc; (2) 0.25 cc; (3) 0.25 cc 6 yr.-10 yr.—(1) 0.25 cc; (2) 0.50 cc; (3) 0.50 cc</p>	Active	Indefinite—usually at least one year	Persons traveling or living in insidious areas should receive booster of 0.1 cc intradermally or 0.05 cc subcutaneously annually. Children's annual booster the same dose as initial dose of each series.
	Typhus Fever Vaccine	All persons traveling to or living in areas where epidemic typhus exists.	<p>Adults Two doses, each 1.0 cc at intervals of 7-10 days given subcutaneously. Allergy to egg or chicken protein only contraindication.</p> <p>Children Three doses each: 6 mos.-2 yrs.: 0.12 cc. 2 yrs.- 6 yrs.: 0.25 cc. 6 yrs.-10 yrs.: 0.50 cc.</p>	Active	Relative 3-6 months	<p>Adults Routine every 6 months, dose of 1.0 cc given subcutaneously or whenever threat of outbreak occurs.</p> <p>Children Same dose as in initial series.</p>
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given. Children's dose—same as adult.	Active	6 years or longer	As required of present every 6 years repeat immunization. In presence of epidemic repeat primary immunization.

*While many of contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana these depots are

Department of Microbiology
Indiana University School of Medicine and Hospital
1100 West Michigan Street
Indianapolis 7, Indiana

and

Elkhart County Health Department
200 Harrison Street
Elkhart, Indiana

Physicians having patients requiring yellow fever immunization should advise person to call or write one of above as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.

A. L. MARSHALL, JR., M. D., *Director*
Division of Communicable Disease Control
Indiana State Board of Health

Deaths . . .

William Franklin Hughes, M.D., 84, died enroute to Methodist Hospital April 19 after being stricken with a cerebral hemorrhage in his Indianapolis home.

Dr. Hughes, professor emeritus of ophthalmology at Indiana University School of Medicine, retired in 1951. He had a long and distinguished career as an ophthalmologist, pioneering in many surgical practices which have become standard techniques. He was among the first to perform intracapsular cataract extractions and retinopexies.

A native of Owen county, Dr. Hughes was graduated from Indiana State Teachers College in 1896 and from the Medical College of Indiana in 1902. He studied at London and Vienna clinics before establishing his practice as an ophthalmologist in Indianapolis. Dr. Hughes was one of the first tenants in the Hume Mansur

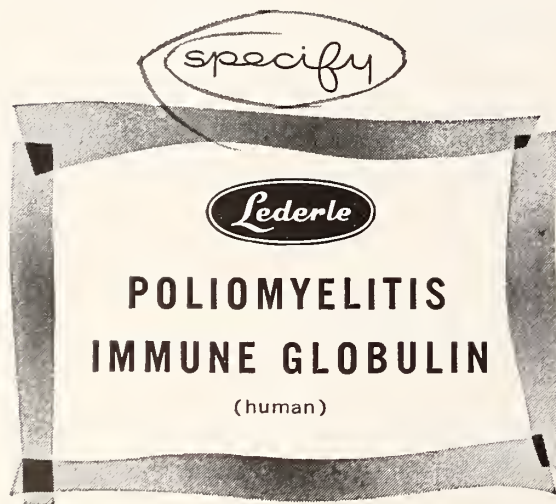
Building and maintained offices there until his retirement. He was on the staffs of all Indianapolis hospitals, was a life member of the Academy of Ophthalmology and Otolaryngology, a fellow of the American and International Colleges of Surgeons, a member of Indianapolis Medical Society, the Indiana State and American Medical Associations, North Methodist church, and Nu Sigma Nu fraternity.

Dr. Hughes had served the ISMA on the Committee on Health Problems in Education, the Auditing Committee, and as chairman of the Section on Ophthalmology and Otolaryngology. He was a senior and Fifty Year Club member.

Survivors include two sons who are physicians, Dr. William F. Hughes, Jr., Chicago, and Dr. Richard R. Hughes, Lafayette.

William O. Hildebrand, M.D., Topeka general practitioner for more than 50 years, died June 4. He was 80.

Dr. Hildebrand was a native of Lagrange county and had spent his entire life in that county. He received his degree in medicine from the Central College of Physicians and Surgeons, Indianapolis, in 1905. Dr. Hildebrand was on the staff of Lagrange County Hospital and was a member of Lagrange, Noble and Elkhart County Medical Societies. He received his Fifty Year Club certificate from the Indiana State Medical Association last year. He had served as Lagrange county delegate to ISMA on several occasions. Dr. Hildebrand was also a member of American Medical Association and held church and lodge memberships.



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NEWS NOTES — from State and Nation

Indiana Physicians Certified in Obstetrics and Gynecology

The American Board of Obstetrics and Gynecology has announced the certification of six Indiana physicians who recently completed both oral and written examinations.

Now certified as specialists in obstetrics and gynecology are Drs. George A. Carberry, Gary; Eleanor P. Cheydleur, Evansville; Harold H. Davidson, Evansville; Frank C. Donaldson, Anderson; Jack A. Moswin, Gary; and Robert H. Oswald, Evansville.

Statistics compiled by the board following their annual meeting disclose a total number of 415 physicians from throughout the U. S. took the examinations and 317 were certified.

Applications for certification for the 1957 examinations are now being accepted. Deadline for application is October 1. Requirements may be obtained by writing Dr. Robert L. Faulkner,

American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

Electrocardiogram Course Planned at General Hospital

The annual Indianapolis General Hospital Electrocardiograph course will begin September 6. The course will cover the principles and clinical application of electrocardiography.

Full details about the course may be obtained by writing to Robert M. Moore Heart Clinic, Indianapolis General Hospital, Indianapolis 7, Indiana.

Dr. J. Theodore Luros and Dr. John A. Hetherington have been associated in the practice of neurological surgery since May 1 at 1633 North Capitol Avenue, Indianapolis.

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"Medical Horizons," live television series, will be seen next season over an expanded network of stations. The series will begin on Sunday, September 9, on 85 stations and will continue for 39 weeks. The American Medical Association will continue to cooperate with Ciba Pharmaceutical Products, Inc., in presentation of the shows.

Dr. William N. DuVall Retires at Mishawaka

The offices of Dr. William N. DuVall at 117½ Lincolnway East, Mishawaka, were closed May 1, ending a 56-year career in medicine. Dr. DuVall, now 83, had practiced in Mishawaka since 1926. He is a graduate of the Atlanta School of Medicine, Georgia, and Bennet Medical College, Chicago. Before establishing his practice in Indiana, Dr. DuVall had practiced in Beech Grove and Sebree, Kentucky.

He is spending several months visiting his three children in California and Connecticut and will then return to his home at 714 North Mason Street, Mishawaka.

Dr. L. W. Combs Named Purdue Health Director

The star end and "most valuable player" on the Purdue 1939-40 and 1941 Purdue football teams has returned to the university as director of the Purdue University student health service.

Dr. Loyal W. Combs, a native of Lowell and practicing physician there for the last 10 years, has moved to West Lafayette where his residence is at 1600 Ravinia.

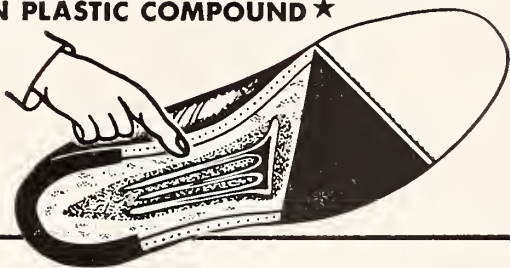
Following his graduation from Purdue, Dr. Combs played one year of professional football with the Philadelphia Eagles before entering Marquette University Medical School. As health director at Purdue he will be physician for the varsity athletic teams.

The Lowell Clinic which Dr. Combs established will be managed by Dr. David Templin, his associate. Coming to Lowell to join Dr. Templin at the clinic is Dr. Reynolds Wade. Dr. Wade and his family are moving to Indiana from Cincinnati.



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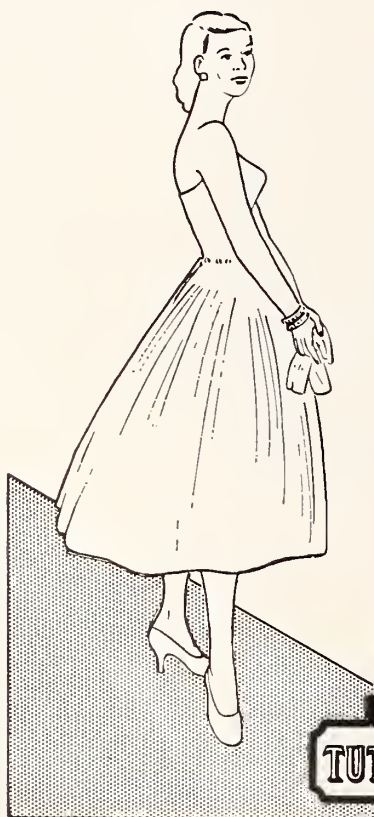
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Dr. Palmer D. Eicher, Indianapolis, participated in the program presented at the eastern regional meeting of the U. S. and Canadian sections of the International College of Surgeons, June 1-2 at Niagara Falls, Ontario.

Dr. Marcus L. Meek, retired Abington physician, observed his 100th birthday May 9. A dinner was served in the Abington Christian church for Dr. Meek and members of his family. A graduate of the Indiana College of Physicians and Surgeons in 1895, Dr. Meek served as physician and township trustee at Abington, Union county, for many years.

Dr. John L. Vogel has joined the staff at Linvill Memorial Clinic, Columbia City, where he will be an associate in the practice of internal medicine. Dr. Vogel is a graduate of Duke University School of Medicine, served his internship and residency at Emory University Hospitals, Atlanta, Georgia, and has recently been in practice in Louisville. He is married and has two children. Dr. and Mrs. Vogel are residing at 406 East Jefferson street, Columbia City.



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"Radioisotopes in Medicine" on Sale by U. S. Printing Office

The U. S. Atomic Energy Commission has just issued an 817-page book, "Radioisotopes in Medicine," which is the complete proceedings of a special course on the subject, which was conducted by the Oak Ridge Institute of Nuclear Studies in September of 1953.

The book contains 48 chapters, divided into nine main sections, complete with bibliography, index, charts, and illustrations. Editors are Gould A. Andrews, Marshall Brucer, and Elizabeth B. Anderson of the ORINS Medical Division.

Lecturers in the course, whose discussions are presented in the book, include outstanding authorities in the fields of medicine and radioisotopes from throughout the United States. Contents of the book include papers concerning availability and uses of isotopes, problems in radiation, radiation measurement and dosimetry, tumor localization, diagnostic and therapeutic uses of radioiodine, metabolic and vascular studies, isotopes in the study and treatment of hematologic disorders, therapy with radioactive colloids, and therapy with external and implanted sources.

"Radioisotopes in Medicine" is on sale from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Cost is \$5.50 with paper cover.

Dr. Jack L. Frazier, who established an office for medical practice in Kokomo last July, is now serving with the U. S. armed forces in Tripoli, North Africa. He left Kokomo late in April for a three-week basic training period at Gunter Field, Alabama, in preparation for his service in Africa. Mrs. Frazier plans to join him later.

Dr. Frazier will return to Kokomo on completion of his military service.

When Lieutenant-Commander Rolland Greenburg, Jasper physician now serving in the U. S. Navy, went to Kaiserslautern, Germany recently while his ship was in the harbor at Cannes, he learned that Capt. Sohrab Amini, Huntingburg physician, was the family doctor for his relatives there. The two Dubois county doctors got together to talk over mutual friends and interests.



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patient: Anxiety, tension, and a fear of going out alone made it impossible for this 36-year-old man to work. After other treatments had failed he was given 'Thorazine'.

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Health Information Foundation Hears Aims Discussed by Leaders



Dr. Lowell T. Coggeshall, center, of the U. S. Department of Health, Education and Welfare, and a native Indian and graduate of I. U. School of Medicine, is shown with two executives of Health Information Foundation during the annual meeting of the Foundation at the Waldorf-Astoria Hotel in New York. George F. Smith, left, president of Johnson & Johnson, became chairman of the board, and George Bugbee, right, president of the Foundation.

Mr. Smith described the Foundation, an industry-sponsored organization, as a "Bulwark of freedom against those who would socialize medicine and subjugate all America to bureaucratic control." The two basic principles of the Foundation are a resolve to search out segments of the population which do not enjoy high health standards and try for corrective measures, and a program to extend voluntary insurance to those who do not have it while working for more comprehensive coverage. He reported on the "excit-

ing progress" made in the last six years in extending health insurance to more Americans.

Earlier, Dr. Coggeshall said that "if health insurance is to remain voluntary, as we believe it should, it must continue to improve in the creative spirit of free enterprise." He outlined six major proposals for expanding and improving voluntary health insurance plans.

Vice-president of the Health Information Foundation is Eugene N. Beesley, president of Eli Lilly & Company. Henry S. McNeil, president of McNeil Laboratories, is secretary, and treasurer is S. Barksdale Penick, Jr., of S. B. Penick & Co.

The ten new directors named are officials of the following firms, all sponsors of the Foundation: Sharpe & Dohme, Schering Corp., Abbott Laboratories, Merck & Co., Inc., Warner-Lamport Pharmaceutical Co., William S. Merrell Co., McNeil Laboratories, A. H. Robins Co., Inc., and R. P. Scherer Corp.

The **Lake County Medical Society** sponsored legislation recently adopted by the city councils of Hammond and Whiting. The ordinances prohibit the use of air rifles within the city limits of the two Lake county communities and make parents liable for offenses by their children. Fines for each violation range from \$10 to \$100. The Lake county physicians disclosed an appalling number of eye injuries result each year from air rifle pellets. The East Chicago council has a similar ordinance under consideration.



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Dr. Millard L. Hoyt, who has been on the resident staff at Indiana University Medical Center since 1954, opened an office July 1 at 906 Hume Mansur Building, Indianapolis. He will specialize in psychiatry.

Dr. Hoyt has been an instructor in psychiatry at I. U. School of Medicine and director of adult psychiatry at the outpatient clinic at the Medical Center.

Dr. Hoyt is a native of Iowa, received his medical degree from the University of Alabama and served internship and residency at the Menninger Foundation and School of Psychiatry in Topeka, Kansas. He is a member of the Indianapolis Medical Society, the Indiana State and American Medical Associations, and several specialty organizations including the American Psychiatric Association, the Indiana Neuropsychiatric Association and the American Group Psychotherapy Association.

Dr. Hoyt is married to Dr. Marion Caldwell Hoyt who was acting director of the Department of Psychiatry at Indiana University School of Medicine and director of the Rotary Child Guidance Clinic. Dr. and Mrs. Hoyt have one son.

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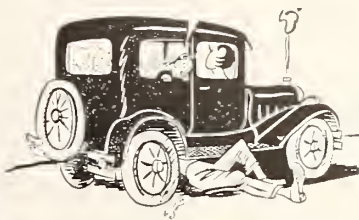
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The American College of Gastroenterology announces its annual **Course in Postgraduate Gastroenterology** will be given at The Roosevelt in New York City on October 18, 19 and 20, 1956.

Dr. Owen H. Wangenstein, professor of surgery at the University of Minnesota Medical School, will serve as surgical coordinator, and Dr. I. Snapper, director of medical education at Beth-El Hospital, Brooklyn, will be medical coordinator. A distinguished faculty will assist.

For further information and enrollment write to the American College of Gastroenterology, Department P. G., 33 West 60th Street, New York 23, New York.

Dr. Joseph E. Walther, Indianapolis, is area governor of the American College of Gastroenterology.

Dr. L. L. Fisher, recently discharged from the U. S. Navy, is now associated with Dr. William Troutwine at Crown Point. Dr. Fisher is a native of Charlestown, West Virginia, and a graduate of the University of Louisville. He is a physician and surgeon.

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Dr. Donald G. Miller, who has been in government service with the U. S. Public Health Service for the last two years, has recently purchased the home, office and practice of Dr. Ernest B. Norris in Middlebury. He planned to move to Middlebury late in July.

Dr. Norris will establish a new practice in Culver where he is building an office at 2800 East Shore Drive. He and Mrs. Norris will move to Culver the latter part of July.

Dr. Miller, formerly of Goshen, is a graduate of Jefferson Medical school, St. Louis. He is married and has two children.

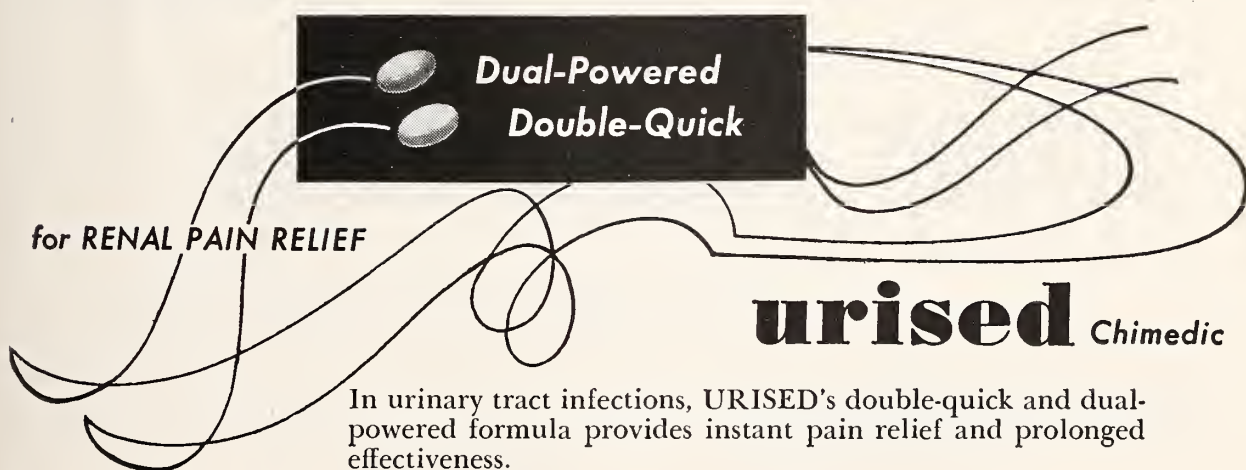
Dr. William A. Baughn, Anderson, was re-elected secretary of the Association of American Physicians and Surgeons at the 13th annual meeting of the organization recently in Columbus, Ohio. Dr. Charles W. Pavey, Columbus, Ohio, succeeded Dr. James Doenges, Anderson, as president. Dr. A. P. Blazey, Washington, was named to the board of directors.

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**Indiana Physicians Elected to
American College of Physicians**

The American College of Physicians held its 37th annual session at Los Angeles, April 16-20, with a registration of 4,500. Induction of Dr. Walter L. Palmer, Chicago, as president, and election of officers were highlights of the meeting.

Indiana physicians elected to fellowship in the ACS were Drs. Glenn Ward Irwin, Jr., Philip Louis Kurtz and Robert Jones Rohn, all of Indianapolis. Associate members named included Drs. Roger Peter Bissonnette, Evansville; George Throop Lukemeyer, Indianapolis; Lowell Harrison Steen, Whiting, and Hunter Alexander Soper, Indianapolis.

The 1957 meeting will be held April 8-12 in Boston, Massachusetts, and the 1958 meeting has been scheduled for Atlantic City on April 28 to May 2.

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News from the County Societies

Dr. Perry McCullagh, chairman of the Department of Endocrinology at Cleveland Clinic, was the guest speaker at the final scientific meeting of the season of the **Fort Wayne (Allen County) Medical Society**. The subject of his paper was "Diseases of the Adrenal Gland."

The meeting was held in the Chamber of Commerce where dinner was served to physicians from the Fort Wayne area. Drs. J. R. Kaufman and Joel W. Salon were co-chairmen in charge of arrangements.

On May 15 the Fort Wayne Medical Society held its annual business meeting and election of officers. The dinner meeting in the Chamber of Commerce was the last planned meeting until September.

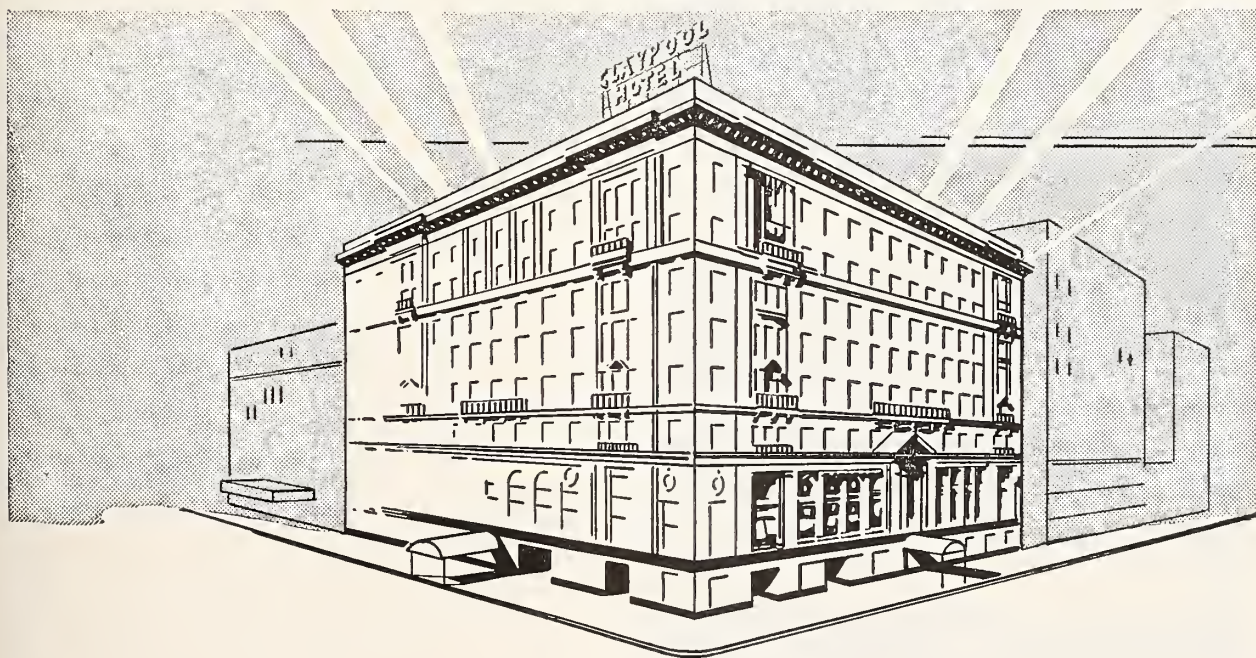
Dr. S. C. Michaelis was installed as president for 1956. Elected to office were Dr. Milton F. Popp, president-elect; Dr. C. H. Warfield, reelected secretary; and Dr. George C. Manning, treasurer. Dr. Wayne R. Glock was reelected

to the board of trustees, and Drs. Wallace E. Bash and J. H. Nill were chosen delegates to the Indiana State Medical Association. Alternates chosen were Drs. J. S. R. McFall and C. G. McEachern.

New members welcomed at the meeting were Drs. E. L. Hoetzer, New Haven; A. F. Hoffman and J. L. Loudermilk, Fort Wayne.

"Sexual Psychopathy" was the subject discussed by Dr. Alfred C. Kinsey, head of the Institute for Sex at Indiana University, at the April 11 meeting of **Bartholomew-Brown County Medical Society** in Palm's Cafe, Columbus. Twenty-six members attended the dinner meeting.

On March 14 society members met for dinner in Palm's Cafe in Columbus and later heard Dr. Ott B. McAtee, superintendent of Madison State Hospital, discuss state mental health facilities.



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ties and procedures and current drug therapy in psychiatry. Fifteen members were present.

Members of **Cass County Medical Society** held a joint meeting with members of the Cass County Dental Society and local veterinarians on April 16 to set up an area medical division for Civil Defense.

Principal speaker was Wayne Schaefer, representing Red Cross. He told the group what Logansport, listed as a secondary disaster area, would be expected to do in case of an air attack in the northern Indiana district. Logansport would be expected to accept evacuees from northern Indiana, the speaker said, and stressed the thought that although such a setup would be planned for use in Civil Defense, such a medical division could be utilized in case of a major storm disaster in conjunction with regular Red Cross activities.

Dr. Richard Glendening heads the committee of physicians in charge of the setup for local doctors, who would be assisted by dentists and veterinarians. Each physician soon will have a specific program defining duties in case of disaster, he said.

Dr. John Southworth, superintendent of the state hospital, told how the extensive grounds at Longcliff would be of aid for setting up emergency hospitals, and said off-duty personnel at the hospital would be called in to assist.

Dr. Robert Quillen was spokesman for the

JUNIOR-SENIOR DAY—The annual program sponsored by the Committee on Rural Health of I.S.M.A. for junior and senior students at the Indiana University School of Medicine was held April 21 in the Columbia Club. A group photo, top, shows students and their guests. Reading from left to right, second picture is of Mrs. Mullen, wife of guest speaker, Dr. Robert Seibel, Morgantown, and Mrs. M. O. Scamahorn, Pittsboro. At far right, Dr. F. S. Crockett, West Lafayette. Center group shows Dr. M. O. Scamahorn, Mrs. Seibel, and Dr. Warren R. Mullen, Pentwater, Michigan. Seated at the speakers' table, second from bottom, are Dr. Crockett, Mrs. Charles Sewell, Otterbein, speaker of the evening, Dr. Walter L. Portteus, Franklin, and Mrs. William R. Tindall, Shelbyville, state president of the Woman's Auxiliary. Lower picture, clockwise from far left: Dr. John A. Davis, Flat Rock; Mrs. Eli S. Goodman and Dr. Goodman, Charlestown; Mrs. Davis, Dr. and Mrs. Forrest J. Babb, Stockwell; Mrs. Stewart D. Brown and Dr. Brown, New Albany.



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dentists and pledged assistance, feeling they could be of value in the first-aid program.

Captain J. Carl Jones, former Logansport doctor, now at Bunker Hill Air Base, discussed the relation of the air base to the area and thought a reciprocal aid program could be worked out.

The meeting was held in the Ben-Hur restaurant with wives of members of all participating groups as guests.

Twenty-one members attended the regular meeting of **Floyd County Medical Society** May 11. A special program on "Estates" was presented by William Smith, Indianapolis.

At the business meeting there was general discussion of service-type insurance contracts and fee schedules. No definite action was taken. A special committee is studying all facets of the question and will report at an early fall meeting. The society was pledged to support Dr. John M. Paris as candidate for election to the Blue Shield Board representing the Third District. Robert J. Amick, field secretary, was a guest.

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The executive committee of the society met June 4 with Drs. Allen, Higgins, Cannon and Paris present. Reports of two special committees were received. No recommendation was made by the Committee on Speech and Hearing Defects Clinic establishment. The executive committee approved the principle of establishing such a clinic if operated by fully qualified personnel.

Establishment of a physiotherapy department at St. Edward's hospital was discussed at length. No report was made by the special committee, however, information from the State Welfare Department and the Crippled Children's Services indicated money was available for such a department and the executive committee urged development of such a department in New Albany.

Other business discussed included emergency room operating policies; area disaster planning; fee schedules; and recent rulings of the Council of ISMA.

Fountain-Warren County Medical Society members held a business meeting following dinner May 3 in the Attica Hotel, Attica. Seven members were present.

Major discussion on policy of the society regarding the federal-state polio vaccine program, and of the American Medical Education Foundation program was reported. The society favors a per capita assessment at the state level for the AMEF.

The next society meeting will be held September 6.

ELKHART COUNTY PHYSICIANS pictured at a meeting of Elkhart County Medical Society are (reading left to right) Drs. Irving Mishkin, Paul Martin, Murray M. Sears, and Lloyd O. Rupe, all of Elkhart; Drs. H. C. Amstutz, Goshen; L. W. Roose, Nappanee; Dr. Sears, Vernon K. Pancost, Elkhart, and Dr. Martin. Center: Dr. David W. Cugell, Northwestern University Medical School, speaker for the evening's scientific program; Dr. William M. Stubbins, president of society; and Dr. Rupe. Dr. J. R. Bennett, South Bend, back to camera at left, talks with Drs. R. L. Bender, Raymond L. Conklin, Dr. Mishkin, Dr. Arthur W. Hull, and Dr. Arthur Kistner, all of Elkhart. Bottom photo, clockwise: Drs. Hugh A. Miller, C. F. Fleming, Elkhart; Lloyd H. Simmons, Goshen, and Dr. A. C. Yoder, Goshen; James A. Work, Jr., and Walter A. Compton, Elkhart.





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"After Care of Fractures" was the topic of a paper presented by Dr. Gordon Batman, Indianapolis, before the **Gibson County Medical Society** May 10. Nine members and 10 guests attended the dinner meeting in the Emerson Hotel, Princeton.

Dr. Philip B. Reed, Indianapolis, presented a paper on "Tranquilizing Drugs, Their Present Status and Their Potential" to 14 members of **Jackson-Jennings County Medical Society** at their May 24 meeting in the Seymour Elks Club. The entire program was devoted to Dr. Reed's talk which was reported to have been received with unusual interest.

LaPorte County Medical Society held the final meeting of the season May 17 at Hirschman's Willard Sea Food restaurant in Michigan City. Twenty-nine members attended the dinner and business meeting. A resolution was adopted to endorse the LaPorte County Mental Health Services program to organize a psychiatric clinic. Drs. W. R. VanDenBosch, Charles Hillenbrand and J. C. Richter, members of the mental health committee, will assist with plans.

Kenneth Bush, field representative for ISMA, spoke briefly on coming events.

The first fall meeting is scheduled for September 20 at the Kingsbury Ordnance plant.

A panel discussion of abortion was presented at the May 8 meeting of the **Indianapolis (Marion County) Medical Society** in the White Cross Guild auditorium in Methodist Hospital. Panelists were Drs. C. O. McCormick, Lawson Clark, Sprague Gardiner, Paul Muller and John Mackey. Members entered into the discussion enthusiastically.

Dr. Joseph Ferrara, Franklin, Seventh District Medical Society president, presided at the joint meeting of the county and district. He was introduced by Dr. Ralph Everly, Indianapolis Society president, who in a brief talk invited all district members to attend the reference committee meeting at the Annual Session in the fall when a fixed fee schedule will be discussed.

A resolution, drawn up by Drs. E. C. Alvis, chairman, John R. Swan, and Carl B. Harris, memorialized Dr. William F. Hughes, for many years a leading Indianapolis eye specialist.

Nine new members were elected. They were



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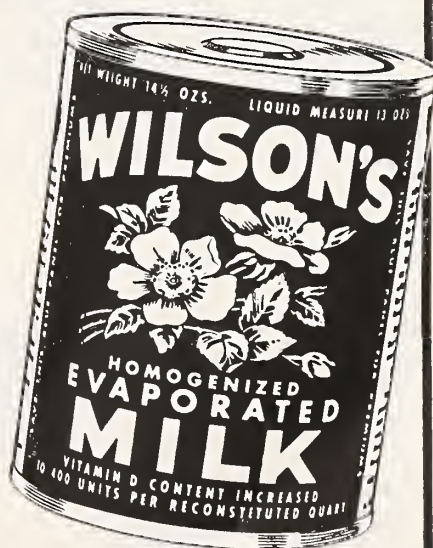
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WHITE COUNTY MEDICAL SOCIETY members at a meeting at the Sportsman Restaurant in Monticello are, left to right, Drs. W. V. Morris, Monticello, secretary of the society; Jesse P. Galbreth, Burnettsville; C. R. Netherton, Chalmers. Drs. N. A. Hibner, president, and David Beck are at the second table with W. R. Saunders, administrator of the new White County Memorial Hospital. All are of Monticello. Mr. Saunders is at left in third picture with Drs. C. H. Mayfield, Reynolds, and S. E. McClure, Monon. Lower photo is of Drs. John C. Carney and W. Martin Dickerson, both of Monticello.

Drs. George D. Alger, transfer from Saginaw county, Michigan; Bob R. Cagle; Clarence M. Cobb; Edward H. Daley, transfer from Ripley county; Fred A. Hendricks; Gordon C. Jones; Joseph T. Kennedy, transfer from Rock Island County, Illinois; Franklin B. Peck, Jr.; and Henry W. Rittenberg.

Eleven members of **Miami County Medical Society** met April 27 in Veach's Inn, Peru, for dinner.

Drs. Malquist and Meister from the Bunker Hill Air Force Base discussed, respectively, "Organization of Air Field Units" and "Aero Medical Problems of Flying Personnel."

Dr. Charles Wise, Camden, was a guest, and discussed the meeting of the Eleventh District Medical Society.

An evening meeting of **Perry County Medical Society** was held June 5 in the Perry County Nursing Center at Cannelton. Nine members and R. J. Amick, ISMA field representative, attended. Mr. Amick reported on the status of bills in Congress of interest to the profession.

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Dr. Wallace D. Buchanan, South Bend, was installed as president of the **St. Joseph County Medical Society** at the annual meeting May 8 in the Northern Indiana Children's Hospital.

Other officers named are Dr. K. E. Selby, president-elect; Dr. L. C. Bixler, secretary-treasurer; Dr. Agatha Wilhelm, assistant secretary-treasurer; Dr. Raymond E. Nelson, delegate to Indiana State Medical Association; Dr. Robert Dodd, alternate delegate; Dr. Richard Holdeman and Dr. L. M. Bodnar, members of the board of trustees; and Dr. H. A. Schiller, member of the board of censors.

The **Knox County Medical Society**, with 24 members present, met at the Grand Hotel, Vincennes, for a dinner meeting May 15.

Welfare fee schedules, the district meeting, the last meeting of the summer with Auxiliary members as guests, a report on legislation and science fairs by the field secretary, were discussed at the business meeting following dinner.

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*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

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AUXILIARY CONVENTION at Gary on April 17, 18 and 19 attracted delegates and members from throughout the state. Photographs on this page were taken in the Hotel Gary. Mrs. J. Winford Mather of East Gary concluded her term as president of the Woman's Auxiliary to the Indiana State Medical Association and was succeeded by Mrs. William R. Tindall, Shelbyville. Delegates named Mrs. Joseph Dudding, Hope, president-elect. A special guest for the meeting was Mrs. Robert Flanders, president of the Auxiliary to the American Medical Association.

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Communications dealing with editorial matters should be sent to Frank B. Ramsey, M.D., Editor, 201 Hume Mansur Building, Indianapolis 4, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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7.	Joseph F. Ferrara, M.D., Franklin.....	Arthur W. Records, M.D., Franklin.....	
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9.	J. A. Van Kirk, M.D., Frankfort.....	Dan Tucker Miller, M.D., Fowler.....	Fowler, May 23, 1957
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VENEREAL AND COMMUNICABLE DISEASE—Frank M. Gastineau, Indianapolis, chairman (1957); W. L. Dalton, Shelbyville (1957); M. E. Tomak, Linton (1956); C. E. Canaday, New Castle (1957); A. L. Marshall, Indianapolis (1956).

VETERANS AFFAIRS AND REHABILITATION—James W. Crain, Williamsport, chairman (1957); A. F. York, Anderson (1957); Hugh A. Kuhn, Hammond (1957); R. D. Fry, Indianapolis (1956); J. M. Kirtley, Crawfordsville (1956).

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—If medical research doesn't move ahead in the current fiscal year (ending June 30, 1957), it won't be the fault of Congress. The seven research organizations that make up the National Institutes of Health have far more money than they have ever had, and probably much more than their directors even dared hope for last winter at the start of hearings on their budgets. Every one of the research institutes received a substantial increase over last year, and the funds of five of them were almost doubled.

The Institutes have a total of \$170.4 million to spend before next July 1. This is about 80% more than they had last year. In discussing the appropriations bill on the Senate floor, Senator Lister Hill (D., Ala.) said the bulk of the money will go for grants to non-federal institutions—hospitals, medical schools, clinics and state and local organizations engaged in research.

A breakdown by disease categories shows the following picture:

For cancer research, \$48.4 million, in contrast to \$24.8 million for the previous year. This year's total is \$16 million more than the administration asked when budget requests were sent to Congress in January.

For mental health work, \$35.1 million, in contrast to last year's \$18 million. This is \$13.4 million more than had been requested originally.

For heart disease research, \$33.3 million, com-

pared with \$18.7 million last year and \$22.1 million originally requested.

For work on arthritis and metabolic diseases, \$15.8 million, or \$5.1 million more than last year and \$2.5 million more than Congress was asked for.

For research in neurology and blindness, \$18.6 million, compared with \$9.8 million last year and \$12.1 million originally requested.

For work on allergies and infectious diseases, \$13.2 million, compared with \$7.5 million last year and \$9.7 requested.

For dental research, \$6 million. While this is small compared with money voted for other U.S. research institutes, it is almost triple the \$2.1 million spent last year. The huge increase is the result of a sustained campaign by the American Dental Association.

HILL AND FOGARTY LEADERS

Senator Hill and Rep. John E. Fogarty (D., R. I.) led the fight in Congress for the record-breaking research appropriations. Under the latter's chairmanship, a House appropriations subcommittee boosted the total for the seven institutes to about \$124 million, a figure that was accepted both by the full Appropriations Committee and the House.

In addition to heading the Senate appropriations subcommittee that handled this funds bill, Senator Hill also is chairman of the Labor and

Physician Wanted—

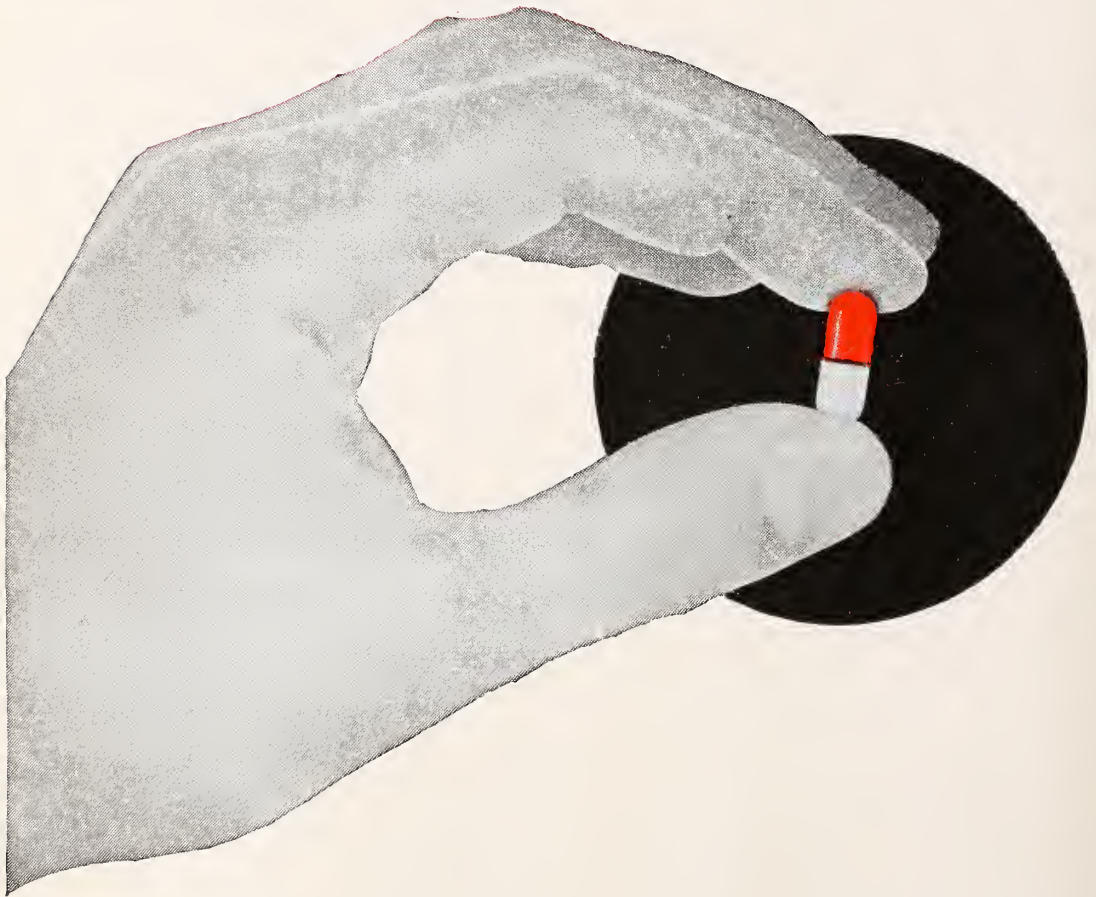
Woodburn, located in rich farming area of northeastern Indiana, offers an excellent opportunity to an interested doctor. Sincere citizens have subscribed to membership in a corporation to build a Community Health Center. Plans will follow suggestions of doctor who will have offices there. Near Fort Wayne, Allen County, where fine hospital facilities are available.

For details contact MR. P. E. HENEBRY, PRESIDENT, OR DONALD G. GUNDY, SECRETARY, COMMUNITY HEALTH CENTER, INC., WOODBURN, INDIANA.

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TODAY's resistant pathogens are the tough survivors of a dozen widely-used antibiotics. Certain organisms, notably *Staphylococcus aureus*⁴ and susceptible strains of *Proteus vulgaris*, produce infections which have been resistant to all clinically useful antibiotics.

To augment your armamentarium against these resistant infections, 'CATHOMYCIN' (Novobiocin, Merck), derived from an organism recently discovered and isolated in the Merck Sharp & Dohme Research Laboratories,¹ is now available.

SPECTRUM—'CATHOMYCIN'^{1,2,3,5,6} has also been shown to be active against other organisms including—*D. pneumoniae*, *N. intracellularis*, *S. pyogenes*, *S. viridans* and *H. pertussis*, but clinical evidence must be further evaluated before 'CATHOMYCIN' can be recommended for these pathogens.

ACTION—'CATHOMYCIN' in optimum concentration is bactericidal. Cross-resistance with other antibiotics has not been observed.⁷

TOLERANCE—'CATHOMYCIN' is generally well tolerated by most patients.^{5,6,8,9,10,11}

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ABSORPTION—'CATHOMYCIN' is readily absorbed,^{5,6,9} and oral dosage produces significant blood and tissue levels which persist for at least 12 hours.⁷

INDICATIONS: Clinically 'CATHOMYCIN' has proved effective for cellulitis, carbuncles, skin abscesses, wounds, felons, paronychia, varicose ulcer, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections caused by susceptible strains of *Proteus vulgaris*.^{6,7,8,9,10,11,12,13,14} Also, it is of particular value as an adjunct in surgery since staphylococcal infections seem prone to complicate postoperative courses.

DOSAGE: Four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED: 'CATHOMYCIN' Sodium (Crystalline Sodium Novobiocin, Merck) in capsules of 250 mg., bottles of 16. 'CATHOMYCIN' is a trademark of Merck & Co., Inc.

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Welfare Committee and extremely active in health legislation. His subcommittee pulled up the totals to the \$170 million. After the Senate-House conference committee disagreed on the spending, Rep. Fogarty carried the fight to the floor, where he persuaded the House to accept all of the higher Senate figures.

Other federal health programs, mainly concerned with disease control and hospital construction, also fared well with the Congress. The Hill-Burton program, for construction grants to hospitals, has \$125 million for the current year, or \$14 million more than last year. For vocational rehabilitation grants, the figure is \$41.5 million, a \$2.7 million increase; for general public health assistance to states, it is \$18.16 million, a \$600,000 increase; for Indian health work, it is \$38 million, a \$3.3 million increase.

NOTES

With **Salk vaccine** being released in ever expanding volume, the Public Health Service is urging states and communities to increase the priority age to 20 and to use up supplies as fast as received. Said Secretary Folsom: "I urge parents, physicians, and health officials to cooperate in making the maximum use of the increasing supply as soon as it becomes available . . ."

* * *

Civil Aeronautics Administration, believing the time has come to review procedures in **pilot medical examinations**, has hired a private organization to conduct a thorough investigation and make recommendations. Two questions: Should lower standards be allowed for older experienced pilots? Should crew members and ground crewman, as well as pilots, be examined periodically?

* * *

Less than three months after his third appointment to a four-year term as Surgeon General of U. S. Public Health Service, **Dr. Leonard Scheele resigned** to take a post in the pharmaceutical industry so he could "provide more properly" for his family.

* * *

Although no new legislation was enacted in that field, witnesses at a long series of **hearings on civil defense** were pretty much in agreement that the job can't be done properly unless more authority is voted to the Federal Civil Defense Organization.

Wanted: PHYSICIANS LOCATIONS

Eleven communities in Indiana have sought through the services of the Physicians Placement Bureau of the Indiana State Medical Association to attract physicians to areas where additional medical service is essential. The 11 requests received during the June-July period are in addition to several other communities previously listed in *The JOURNAL*.

Population of the towns and cities seeking physicians ranges from 450 to 63,000. Real opportunity for genuine service and a lucrative practice is offered.

Lists of all physicians who have recently contacted the Physicians Placement Service have been sent to each of the following communities:

ADAMS COUNTY — BERNE — population 2,100. Dr. Harold Lehman is leaving in August 1956. Equipment and supplies for sale. Eight room office for rent for less than \$60.00 per month. House available if desired. Contact Doctor Lehman for details.

CASS COUNTY — LOGANSPORT — population 21,000. Dr. Thomas Slimp, 216 Ninth Street, is leaving for a residency and wants someone to take over his practice. He will not be returning to Logansport. A fully equipped office is available. Two hospitals in town. Contact Doctor Slimp for details.

DELAWARE COUNTY — YORKTOWN — population of Yorktown and Mt. Pleasant Township 5,000. The Community Betterment Committee is interested in finding another physician for the community. One doctor in Yorktown. Located six miles from Muncie. Home and office available. Contact Mr. Fred H. Marsch, Yorktown.

JAY COUNTY — DUNKIRK — population 3,050. Located 14 miles from Hartford City and 15 miles from Portland where hospitals are available. Dunkirk Commercial Club will assist in locating suitable office space and home. Two active physicians in community; two with



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a very limited practice. Contact Mr. Paul R. Ayres, Dunkirk.

JENNINGS COUNTY—NORTH VERNON—population 3,200. Six physicians in town—one past 96, another past 76. Dr. William A. Johnson is building an office which will accommodate three or four physicians. Full-time laboratory and x-ray facilities available. There is a great need for additional doctors in this area. Closest hospital is 16 miles at Seymour. Contact Dr. Johnson for details.

KOSCIUSKO COUNTY — ETNA GREEN—population 450. Twelve miles from Warsaw and Nappanee. Community is expanding and the citizens are willing to cooperate with a physician in anything he wants or needs in getting established. Contact Jene R. Lindsey, Cashier, Etna Green, or Mr. Donald D. Poulson, Etna Green.

MARSHALL COUNTY—CULVER — population 1,600—located on Lake Maxinkuckee. One physician in the town. Large surrounding territory. Office space and equipment available. Contact Daniel W. Bieker, D.D.S., Culver.

PLYMOUTH — population 5,800 — surrounding population of 10,000. Office space available to be shared with another general practitioner. Slightly used equipment for sale. A new 90-bed hospital to be constructed this fall. Contact Dr. Robert Reed, Plymouth.

MORGAN COUNTY — MORGANTOWN —population 800. Morgantown Lions Club interested in securing a physician for the community. One physician in the community. Contact Morgantown Lions Club for information.

VIGO COUNTY—TERRE HAUTE—population 63,000. Opening for GP or internist. Modern office with latest x-ray and laboratory; rent reasonable. Two other physicians in building—practices are independent. Con-

tact Dr. Walter C. Anderson, 2235 Wabash Ave., Terre Haute, Indiana.

WABASH COUNTY—ROANN—population 500. Located 10 miles from Wabash where hospital facilities are available. Physician located there is retiring. House and office available. Contact Dr. James G. Kidd or Mr. Lorin E. Tomlinson, Roann, Indiana.

SEEK LOCATIONS

Francis H. Balcom, M.D. (general practice) 1635 Temperance Ave., Indianapolis, Ind.

Julian S. Lane, M.D. (general practice and general surgery) 317 Great Mills Road, Lexington Park, Md.

Harold Moberly, M.D. (general practice, clinic or associate) 326 Cincinnati St., Dayton 8, Ohio.

Hubert N. Grimes, M.D. (general practice) U. S. Navy Recruiting Station, P. O. Bldg., Louisville, Ky.

Paul E. Smalley, M.D. (general practice) Station Hospital, Cherry Point, N. C.

John W. Unger, M.D. (internal medicine) 5507 Warwick Road, Cleveland 29, Ohio.

R. Buerry Bowen, M.D. (obstetrics and gynecology) Methodist Hospital, Brooklyn, N. Y.

Carl L. Liapcheff, M.D. (industrial medicine, group practice or clinic) Veterans Administration Hospital, Dearborn, Mich.

James P. Cloud, M.D. (orthopedics) University of Oklahoma, 800 Northeast Thirteenth St., Oklahoma City 4, Okla.

Harold D. Jourdan, M.D. (general and thoracic surgery) 4225 William St., Omaha 5, Neb.

Carl H. H. Baumann, M.D. (neurosurgery) 999 Monroe Ave., No. 1008, Memphis 4, Tenn.

Paul Dest, M.D. (industrial medicine) 1202 Orange St., Corona, Calif.

Albert M. Doswald, M.D. (obstetrics-gynecology) 8205 Camelia Dr., Riverside, Calif.

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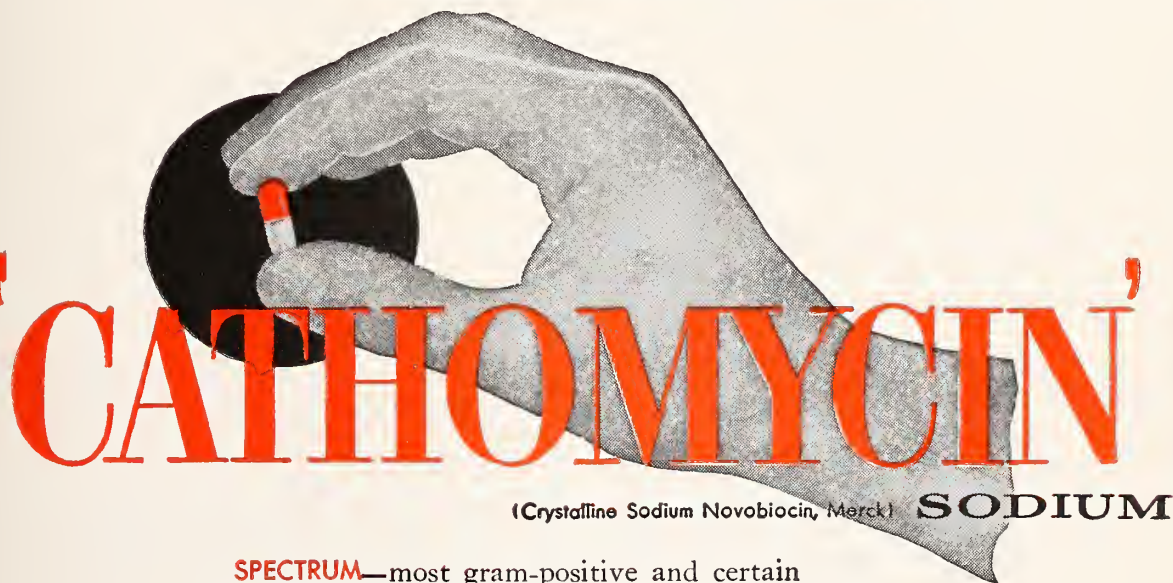
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Books: Received and Reviewed

BOOKS REVIEWED

THE MEDICAL CARE OF THE AGED AND CHRONICALLY ILL; With Particular Emphasis on Degenerative Disorders, Advanced Cancer and Other As Yet Incurable Diseases. Freddy Homburger, M.D. 253 pages including index. Little, Brown and Company, Boston, Massachusetts.

As the life span lengthens, and as acute disease becomes more easily controlled, the frequency with which the physician faces the problems of chronic disease and degenerative diseases of old age is increasing. It is to those who have found this so that this book is directed. Here is a readable little volume of practical observations by one who approaches his subject with sympathy and understanding, both for the problems of the attendant on the patient whose illness is less than curable, and for the patient who must face a future without much hope of recovery. This book is not only useful for the physician, be he specialist or general practitioner, but much of it will be of interest and use to the nurse who cares for the chronically ill patient. And for the rising generation of physicians—the medical students—this book contains not only a wealth of information as to the diseases and illnesses that are discussed in a lucid and orderly way, but there is a depth of sympathy and a rich store of medical philosophy that is often missing from the crowded curriculum of the medical school.

A delightful incident to the reading of this book, is the series of pen and ink sketches by the great French modern artist, Raoul Dufy, who drew these pictures while a patient of the writer. They are not only distinguished examples of this artist's work, but are a unique document of the artist's experiences in the hospital, and gracious and benevolent pictorial commentaries on hospital life from the eyes of an old man whose illness was typical of those described in this book.

LALL G. MONTGOMERY, M.D., Muncie.

THE HUMAN MACHINE. By Charles W. Shilling. 292 pages. A Naval Institute Publication.

This book was designed originally for the Hygiene Department of the United States Naval Academy as

the basis for a course of instruction in biological sciences. This is a revised version intended to meet the needs of all non-medical military personnel. The fact that it was written to be used in the armed forces in no way decreases its possible value for those outside the military, where it should find wide application.

This is a clearly illustrated, well arranged and lucidly written book on the general subject of the structure, functions, and hygiene of the human body. It is the sort of book that should be an important part of the education of everyone, regardless of walk of life. It could well be used in a family of growing children, as the text for a course in hygiene in a summer camp, or as a source of material for the preparation of a talk to laymen on any of a number of subjects on health and medicine. It would be a fine book for the instruction of any group of laymen who are reviewing the knowledge of anatomy, physiology, general hygiene, and the living adjustments required in modern society. Within the limits of its objectives this is an outstanding example of clear, accurate, and orderly exposition of important and fundamental elements of education which are usually not so well done.

LALL G. MONTGOMERY, M.D., Muncie.

THE MEDICAL SIGNIFICANCE OF ANXIETY. Richard L. Jenkins, M.D. 46 pages. Price \$1.00. The Biological Sciences Foundation, LTD., Washington 7, D. C.

This little booklet is an introductory essay to encourage the reader to become interested in the subject of anxiety in medical practice, and as such is an ideal hour or so of reading for the busy practitioner who will find much of value to repay his small expenditure of time. It is certainly a timely discussion and points out that anyone who practices any kind of medicine will find this discussion pertinent to his practice. As the author says in the preface, "The practicing physician has no choice as to whether or not to deal with the problem of anxiety. His only choice lies in whether he deals with it well or badly." This booklet is an endeavour to aid him in dealing with it wisely.

LALL G. MONTGOMERY, M.D., Muncie.

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Albert J. Crevello, M.D., Medical Director

Mary F. Hamilton, M.D., Associate

Abstracts:

INFLUENCE OF ANESTHESIA ON MATERNAL MORTALITY

Osborn, John E., Rochester, Minnesota. *Minnesota Medicine*, 38:9, 1955.

A review of literature reporting 4,894 maternal deaths indicate that 182 or 3.7% of these were caused by the anesthesia. Other statistics were submitted to indicate that the anesthetic in childbirth is an important detail in the management of the expectant mother. The details of several anesthetics are discussed and the author emphasizes his own experiences. One detail which would seem to require daily emphasis is the suggestion that patients who are likely to go into labor should not fill their stomachs with food and liquids. There is no good reason for feeding a patient in labor.

Robert Sanderson, M.D., South Bend.

CHRONIC HYPERVITAMINOSIS A

Bloch, Henry S., Ph.D., Minneapolis, Minnesota. *Minnesota Medicine* 38:9, 1955.

An interesting observation is made of an historical situation which apparently precipitated hypervitaminosis A. The author refers to an expedition in 1597 at which time the high vitamin A content

of the liver of polar bears and other northern animals was discovered by the men who became ill after having eaten this particular meat. It is suggested that one pound of bear liver contains 10,000,000 units of vitamin A. Several cases of vitamin A poisoning was reported particularly in children and one 54-year-old man who had been taking 50,000 units of vitamin A daily.

Robert Sanderson, M.D., South Bend.

PSYCHIATRIC OUTPATIENT TREATMENT

Hodges, Allen, Ph.D., McDermott, Robert, M.S.W., and Berkwitz, N. J., M.D., Albert Lea, Minnesota. *Minnesota Medicine* 38:9, 1955.

A survey was made of psychiatric patients who had been treated in the outpatient department of a Minnesota Mental Health Center. The questionnaire concerned the benefits the patients felt they received from the treatment. About 75% of the patients felt they had been much improved, 14% felt additional difficulties had been prevented and other statistics are inclined to indicate that the patients felt this type of treatment was definitely beneficial.

Robert Sanderson, M.D., South Bend.

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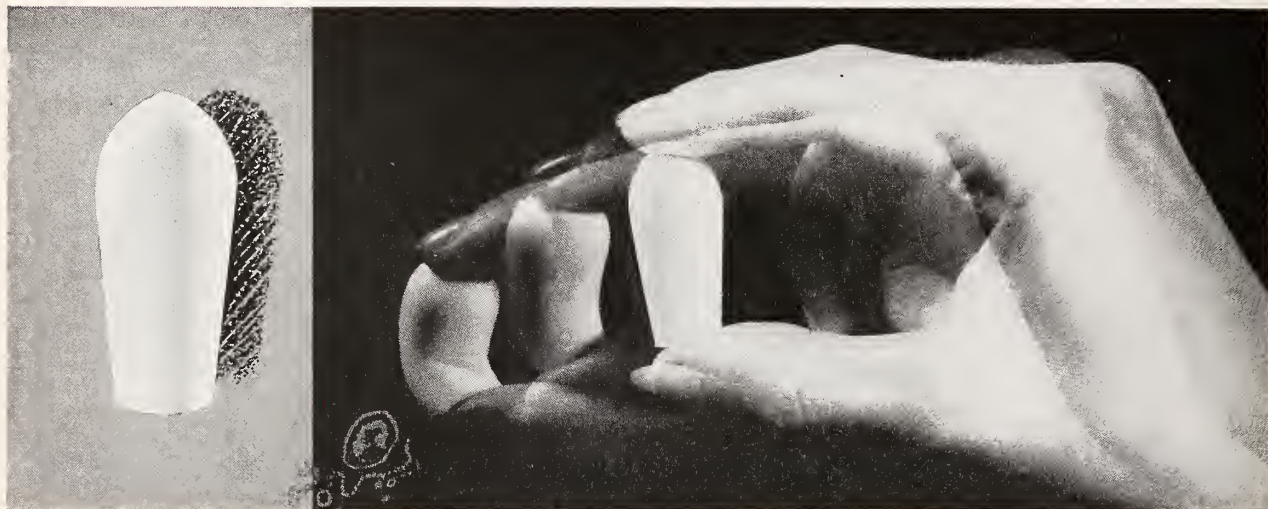
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The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

THE HOOSIER TOUCH

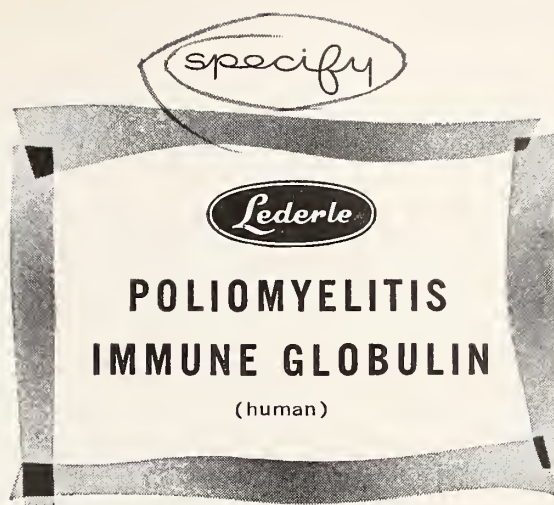
Dr. Dwight Harrison Murray, the new president of the American Medical Association, gave that organization some good advice when he said modern scientific methods must be blended with the personal, friendly touch of the old-time family physician.

Dr. Murray is a native of Springville, near Bedford, and the friendly attitude in which he believes is in part an outgrowth of the environment typical of an Indiana small town. It is an attitude that could be helpful, not only to the medical profession, but to other professions and activities as well.

Now a country doctor at Napa, Calif., Dr. Murray received his medical education at Indiana University, paying his way by working at a variety of jobs.

Springville and all of Indiana can be proud that this native son is now head of the great medical organization.

—*Indianapolis News*



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The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 49 — August 1956 — Number 8

Preoperative Evaluation of a Patient

I. J. KWITNY, M.D.

Indianapolis

ONE WHO IS ABOUT TO PREDICT whether a patient will survive a given operation should do so with a measure of humility that will meet all the postulates of even an Arthur Godfrey. Generally speaking, there are few patients who are so healthy, so well, that they can withstand a rough or poorly performed operation. Conversely, there are few patients who are so ill that they cannot withstand a good clean operation.

Now, I will mention the heart first, not because it deserves first place but because surgeons have for so many years explained operative and postoperative deaths with a remark, "Well, the heart just could not take it," that all of us are beginning to believe it. There is a rumor about that the best way to evaluate a patient's heart before surgery is to do an electrocardiogram. That may comply with the requirements of the

Records Committee or your Accreditation Boards, but nothing could be farther from the truth.

Give me five minutes with the patient and you can have all 12 leads of his electrocardiogram. There are four things I will want to learn in those five minutes. I will want to know how well the patient is able to do the ordinary daily acts of living without becoming dyspneic. I will want to know whether the patient has orthopnea. Is he using more pillows to sleep on than is his habit? I will want to know whether he has pain, chest pain, arm pain, mandibular pain; yes, even epigastric pain that is in any way related to effort or excitement and resembles angina pectoris. I will want to know whether he has suffered a coronary occlusion and, if he has, whether it has been within the last three months or whether it has been longer. Then, if there is about 20 seconds left of those five minutes, I will want to spend that time in palpating his heart and auscultating his heart. The time given is merely to emphasize the rela-

Presented at the annual meeting of the Indiana Chapter, American College of Surgeons, in Indianapolis, April 25, 1956.

tive importance of the history and physical findings. I have never been this rushed for time.

IT'S NOT THE TRANSFUSION

A person who has a congenital heart lesion and is not cyanotic is as good an operative risk as you and I. A patient who has an organic valvular heart lesion but who has a heart that has compensated for that valvular disease is as good a risk as you and I. A person who has angina pectoris is, perhaps, three or four times the risk that a normal individual is. A person with angina pectoris is very susceptible to a fall in blood pressure. The fact that he is susceptible to drops in blood pressure should be kept in mind when one is deciding on the anesthetic agent to use and when one is considering the seriousness of a certain amount of blood loss that the patient is suffering during surgery. There is another rumor about heart patients that they do not tolerate transfusions well. The fact of the matter is that the thing heart patients do not tolerate well is the need for blood transfusions, not the blood transfusion itself. A person who has had a coronary thrombosis and has had such an incident within three months of the time you wish to operate on him I would guess is perhaps 10 times the operative risk that the normal individual is. A person who has had a coronary thrombosis much longer than three months prior to proposed surgery still has coronary heart disease and is three or four times the risk, just as the patient with angina pectoris is. A person with hypertension who does not have any vascular disease in the heart, in the kidneys or in the brain is as good an operative risk as you and I.

AGE ALONE NO BARRIER

Old age is no longer a deterrent to surgery. We know that the elderly patient is a greater risk only in so far as he has kidney disease, heart disease, vascular disease of the brain and liver disease. But, by virtue of being old, he is not much more of a risk than the ordinary individual is. We know this about the old individual—he does not withstand infections as well; he cannot withstand hemorrhages as well; he cannot withstand hemoconcentration as well; he cannot withstand immobilization as well. Keeping those things in mind, I think the old indi-

vidual can withstand a good clean operation about as well as the rest of us.

I would like to have considered the kidneys first because I think the kidneys are more important organs than the heart in causing operative and postoperative deaths. The kidneys have been described as the "watchdog" of the body. They are chiefly responsible for maintaining water balance, electrolyte balance and for maintaining acid-base balance, all of which are extremely important in sustaining life. I think that disturbances in these factors have been more responsible for operative and postoperative deaths than heart disease. In order to inform yourself of the patient's kidneys, it is sometimes sufficient to get a routine urinalysis. If that urinalysis is normal and shows a specific gravity of 1.018, or more, the patient's kidneys are acceptable as far as being a surgical risk is concerned. If the specific gravity is less than 1.018, it is necessary to do a concentration test. One gives that patient 200 cc. of fluid with his evening meal and no fluid after that. The next morning, his urine specimen is obtained. Ordinarily, that specific gravity will be 1.025, or above. If it is over 1.020, his kidneys are acceptable. There are just a few exceptions to this. One is that we assume the patient is not losing edema fluid because if he is he may have good kidneys and still have a low specific gravity. We assume he does not have sugar in the urine which would tend to increase his specific gravity, even though kidney failure is present. We assume one more thing—that the patient has an adequate volume of urine. If he only passes 200 or 300 cc. of urine in 24 hours, he is having renal failure even though the specific gravity is adequate. The N.P.N. and the blood urea nitrogen tell you only of decompensated kidney failure. In other words, if they are normal we cannot say the kidney function is normal. If they are abnormal, you know that the kidney function is abnormal and is decompensated. It is more hazardous to operate on a patient with kidney disease who is decompensated than one who is compensated.

THE EMPHYSEMA FACTOR

The lungs are rather important organs to consider in evaluating a patient but here, too, it might suffice to know whether a patient is able

to carry on the ordinary activities of life without cyanosis and without dyspnea. One need only watch the patient's chest expand when he takes a deep breath and one may take notice of the shape of the chest. If one has to have a figure to record, it is rather simple to do a vital capacity test. It takes but a few seconds and can be done on a very inexpensive available instrument for that purpose.

The one disease of the lungs I would like to mention is emphysema. I mention that disease because it is more common in the aged. It is also present in some younger people and is important in two ways. The lungs, as you know, serve to absorb oxygen into the blood stream. There is another function, which in this respect may be more important; namely, it serves to excrete carbon dioxide from the blood stream. The patient with emphysema who is given an overdose of a pre-anesthetic drug may never reach the operating room. Likewise, if a patient is given oxygen unwisely during or following the surgery, he may be robbed of the stimulus that his respiratory center requires of the slight anoxia to maintain adequate breathing. If you rob that patient of the stimulus of slight anoxia, his breathing may be depressed so that he dies of respiratory acidosis because he has retained too much carbon dioxide.

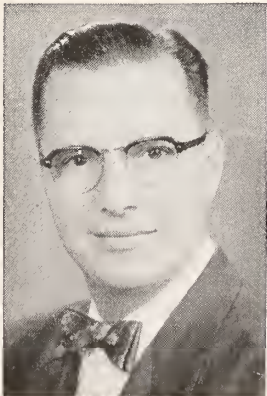
HAS PATIENT HAD CORTISONE?

There is one other factor which I wish to discuss before I close, and this is a rather new wrinkle in evaluation of preoperative patients. Has your patient received any of the Cortisone preparations; be it ACTH, be it Cortisone, be it Metacorten, or be it any one of the others. In this day and age, when popular magazines give safe and simple names, such as super-aspirin, to drugs that contain very injurious ingredients such as these Cortisones, one has to be doubly on the lookout. I can say that patients who have taken these preparations for a brief period of five days already show one of two things: either some atrophy of the adrenal glands or some histological changes in the adrenal glands. If such a person is subjected to the stress of even a simple operation, he may go into shock from adrenocortical failure and the tragic thing about this shock is that, no matter how you treat that patient, the shock may be irreversible and he may die. If you suspect that a patient has been so treated and we do not know what length of period after the treatment is a safe length of time, it is wise to subject him to some tests for adrenocortical function, such as the adrenalin eosinophil test. If he manifests evidence of such failure, it is wise that he be prepared with Cortisone before, during and after his operation.

Officers of ISMA Section on General Practice

Each year The JOURNAL of the Indiana State Medical Association dedicates its August issue to the general practitioners of Indiana. Officers of the Section on General Practice of the Indiana State Medical Association selected the scientific papers which are published in this issue and requested publication of the address delivered by Dr. John S. DeTar, president of the American Academy of General Practice, at the Indiana Academy's spring meeting. Other material was furnished by the editorial staff of The JOURNAL.

Pictured are Dr. Russell J. Spivey, Indianapolis, chairman of the ISMA Section on General Practice; Dr. Keith Hammond, Paoli, vice-chairman; and Dr. William R. Tindall, Shelbyville, secretary.



Dr. Spivey



Dr. Hammond



Dr. Tindall

Diagnostic Signs Derived from the Visual Apparatus Which Aid in General Physical Diagnosis

EDWIN W. DYAR, M.D.

Indianapolis

FOR SEVERAL YEARS there have been forces at work in the legislative chambers of our state governments which are attempting, and with considerable success, to promulgate the idea that certain lay individuals possess more knowledge and ability to diagnose and treat diseases and derangements of the visual apparatus than the medical profession. As all of you present in this meeting know, nothing could be farther from the truth. It is with this thought in mind that I will attempt to present as the principal thesis of this presentation a multiplicity of general diseases that present ocular problems. Simply because certain medical problems have a reflection or origin in the eyes does not set them outside the pale of physical diagnosis as it may apply to body or its psyche.

I am sure all of you will recognize the sequence that is employed in this presentation. It starts with the first article in Cecil's Textbook of Medicine and goes through it with very slight modifications and additions. Let us consider each problem from the standpoint of the total host, and see how a general disease can produce a defect or derangement in the visual apparatus.

THE COMMON COLD

Invasion of the respiratory passages by bacterial or viral organisms often is accompanied by contamination of the conjunctiva. This can be accomplished by several routes: 1. Air-borne. 2. Carried by the hands. 3. The lacrimal drainage apparatus. If there occurs even a slight discontinuity of the corneal epithelium, and the organism is of sufficient virulence, a corneal ulcer

can be a complication which might seriously impair the vision.

RUBELLA

Among the congenital deformities that can result from a pregnant woman acquiring German measles is the liability of cataract. The question whether such a pregnancy should be terminated has to be decided. The use of gamma globulin certainly must not be forgotten.

HERPES

(Simplex and zoster)

Herpes simplex of the cornea can be recognized by staining with fluorescein, and the finding of the typical dendritic pattern which gives it the name used in our literature is diagnostic. The course is usually a torpid one, the treatment sometimes unsatisfactory and the likelihood of recurrence frequent.

Herpes zoster of the first division of the trigeminal nerve may at times invade the cornea. The prognosis is usually bad, if such occurs, because of deep scarring.

VACCINIA

Accidental inoculation of the cornea with the virus of cowpox has occurred. I only present this as a warning to you that parents should be cautioned about this possibility. Whether to place a dressing over the inoculated area or not is a moot question which has been discussed pro and con many times.

PNEUMONIA

Fortunately with the advent of the antibiotics, the incidence of serpent ulcer of the cornea is relatively uncommon. Do keep in mind the possibility and make inspection of the eyes a part of your daily call on the patient.

Presented at the Scientific Session of the Indiana Academy of General Practice, April 18, 1956.

The lodgment of pathogenic bacteria in an individual in an obscure area such as teeth, tonsils, nasal accessory sinuses, gall bladder, intestinal tract (and this includes diligent search of the sigmoid and anus for infected hemorrhoids and fissures); the prostate and the genito-urinary tract in the female comprises one of the difficult diagnostic challenges in medicine. Nevertheless, the presence of such a nidus can and does produce bouts of sub-clinical bacteremia. Not infrequently, a small infected embolus can lodge in the vascular bed of the inner eye and produce secondary infection reflected as an iridocyclitis or choroiditis depending on whether or not the embolic mass stopped in the anterior or posterior segment. Recurrent attacks can supervene as a result of the mesodermal tissue of the eye becoming hypersensitive to the toxins of the specific bacteria or their soluble products. The commonest organism is the beta fraction of the streptococcal family.

BRUCELLOSIS

Undulant fever, usually of a very mild amount, can be a causative factor in the production of inflammations of the vascular tract of the eye. In all cases of uveitis a brucella agglutination should be done.

TUBERCULOSIS

It is quite infrequent to find inflammations of the eye during acute pulmonary tuberculosis. On the other hand, an asymptomatic hilar gland will occasionally be the focus from which attenuated tubercle bacilli can find lodgment in the vascular bed of the eye. Many cases have been reported of what, from a clinical standpoint, has to be called primary tuberculosis of the eye when no corroborating evidence of a tuberculous focus can be uncovered.

There are many cases on file in our large collection of enucleated eyes at various medical centers in which the typical giant-cell reaction and the actual demonstration of tubercle bacilli in the eye have been demonstrated, and a careful search of the afflicted individual has uncovered nothing, not even a positive Mantoux. It is nevertheless of considerable diagnostic and therapeutic importance, when a positive skin reaction is found and the clinical appearance of the eye is that of a granulomatous type, to handle the case as one of tuberculous uveitis.

During the early years of my practice of ophthalmology, syphilis was one of the scourges to the visual apparatus. Interstitial keratitis, optic atrophy, oculomotor paralysis and uveitis were frequently caused by *Treponema pallidum*. As of now, it is so infrequent that we probably all too often forget to do a serological test.

MALARIA

This disease seldom affects the eyes. It is well to keep in mind that the employment of quinine for its treatment can be a cause of blindness in people sensitive to the drug and such an event happened at the Indianapolis General Hospital within the past year.

ALLERGY

The venanata reaction of the lids and conjunctiva comes from allergic or atopic sensitivity to the noxious agent. It may appear after contact with the excitant if first established or its onset may be delayed and suddenly become evident after a long interval of time of continual innocuous contact. There is an almost interminable list of possible excitants. To mention a few common ones: Nail lacquer, carbon paper, wave-setting lotion, hair dye, face powder, dog hair, and cosmetic creams containing orris root, the metals and plastics in spectacle frames; also the medicinal dermatitis from the prolonged use of atropine, eserine, topical anesthetics, sulfonamides and antibiotics used for prolonged periods in the eyes.

GOUT

Episcleritis is essentially a tenosynovitis in the tendon and muscle sheath at the attachment of an extra-ocular muscle. Well over half of such cases will show an elevated serum uric acid and appropriate treatment of the gout diathesis will result in a cure of the red, sore eye.

DIABETES

This is the disease that doubtless has as many ocular disasters as any other illness that afflicts the human organism. In my office we have within the last two years made a presumptive diagnosis of diabetes (later proven) simply on changes in the refractive situation of the eyes. This observation is that of an individual who had within the space of a few weeks noted a loss of visual acuity and the only finding was a change in the refraction from far-sightedness or emmetropia

to a near-sighted situation; the corrected vision being 20/20. In untreated or long standing, inadequately controlled diabetes, the development of the typical retinopathy is almost an invariable complication. At the present time, these changes are irreversible. Also the marked tendency for cataract formation in such individuals is much greater than a like age group of non-diabetics. I am sure that ophthalmologists are strong advocates for an unremitting, careful, adequate control of all diabetes.

NEPHRITIS

Nephritis and its frequent partner-in-crime, hypertension, can often find the original diagnostic sign in the characteristic change in the ophthalmoscopic picture. One can find obscuration of the disc margins, kinking of the arterial tree and the silver-wire brightening of their lumen. Flame-shaped hemorrhages radiating like the spokes of a wheel from the central area of the macula are diagnostic. Repeated observation of the retinal signs can also be prognostic of the course of the disease and an extremely valuable adjunct to the sphygmomanometer and laboratory studies, and certainly cheaper to the patient.

THYROID DISEASE

Roughly, three general types of thyroid disease can be differentiated. The simple adenomas have no eye findings and have no need for discussion. In the main, the other two have classical extremes, but the greater percentage of them may exhibit some characteristic of its opposite partner so that mixed forms of these types are more often seen than not. Typical Grave's disease with exophthalmos, lid lag, nervousness, and an elevated basal metabolic rate is much better known to you. The other syndrome in which the basal metabolic rate need not be particularly elevated, if at all, has been termed the pituitary type. Herein, the proptosis is extremely marked, almost to avulsion of the globe. The globes cannot be pressed backwards into the sockets and there is marked edema of the lids and bulbar conjunctiva. Loss of vision as a result of corneal ulceration from exposure keratitis too often happens. In the first type, appropriate medical management, and surgery on the gland usually results in a marked recession of the proptosis. In the second type, because of some obscure defect in higher control of the endocrines, thyroidectomy is usually followed by an increase

of the exophthalmos. As a rule, what these patients need is more thyroid extract, not less. The Naffziger operation, which consists in uncapping of the orbits or orbit through a trans-frontal approach, can be resorted to as a decompression procedure which is usually helpful and is accompanied by a very low mortality.

ENDOCRINE DISORDERS

One outstanding endocrine anomaly which is seen many times by the eye physician is a defect of lacrimal secretion usually in women who are passing through either an artificial or natural menopause. They complain usually of a paradoxical symptom of epiphora, but on testing the amount of tears formed over a stated period, they are found to be markedly deficient in tear production. Sjogren, in Norway, first recorded the syndrome of dry eyes with filamentary keratitis, gingivitis, and arthritis. In this, through a defect in the endocrine balance, there is also a deficiency in saliva and synovial fluid.

DISSEMINATED SCLEROSIS

This disease of unknown etiology, and confusing, fleeting diagnostic signs may have as its first symptom visual loss. Optic neuritis followed by atrophy without evidence of contributing illness or contact with slowly acting noxious agents such as chronic poisoning from the heavy metals, leads the ophthalmologist to suspect an early multiple sclerosis. And if the case is followed long enough, other neurological findings will corroborate such a diagnosis.

MYASTHENIA GRAVIS

Another condition which is analogous to the one just discussed. All cases of ptosis, either unilateral or bilateral, should have a prostigmine test before surgical attack is advised. About 50% of all ptosis, even with history dating to early childhood, has been found to be subclinical myasthenia. Our local authorities on this disease have also found a few cases of mild strabismus to be in this category which have been helped by appropriate therapy.

EXPANDING INTRACRANIAL LESIONS

Any situation that can produce an elevated cerebro-spinal pressure will produce in a large percentage of cases edema and elevation of the nerve head. This is particularly true of posterior

fossa lesions. Evaluation of the presence or absence of optic nerve edema and a careful follow-up of the changes in its amount is of invaluable help in the management of such. A word of warning only in this diagnostic sign: Too often the neurological surgeon notes what he chooses to call early choked disc when it is only spurious. The trouble seems to be they have not seen enough normal ones to be able to differentiate one from the other.

MIGRAINE

Again we are presented with another annoying, disabling condition of unknown cause. We need not review the details of the full syndrome of this epileptic equivalent. The aura, the scintillating scotoma, often hemianopic in character, the nausea and the prostration is *less* often than not found in its entirety. A careful history and a familial tendency aid in the differential diagnosis. Many of these unfortunates seek the eye physician first, only to find a normal visual apparatus. It is to be added as a word of caution that the visual hallucinations can also be much like those found in early choroiditis and retinal detachment and from them must be differentiated.

RETROLENTAL FIBROPLASIA

Fourteen years have elapsed since this condition was first documented by Terry in Boston. As well as can be ascertained, his case was one of the first that actually existed. There is nothing in the preceding literature that resembles this disease. Now that the culprit has been uncovered, one wonders why it took so long to find it. The pieces of the jig-saw puzzle were in front of our eyes all the time if somebody had only used them in the right places. They lay in the vascular physiology of the embryo. All of us learned from our basic science studies of embryology and physiology that the blood of the embryo is a mixture of both arterial and venous blood through the foramen ovale. As a result, the tissue fluids are supplied by blood with a low oxygen tension. This tension is equivalent to about the oxygen saturation that would exist in the adult when he breathes air of a density found at about 25,000 feet. Under this condition the infant in utero develops and thrives. Nature has no provision, nor does she want a full oxygen tension as found at sea level atmosphere until the

time of full gestation. The premature child then still preserves this basic physiologic concept. When prematurely separated from the placental circulation, of course, many untoward adaptations are forced on the child and many premature children are unable to withstand the rigors of sudden change of environment. So what did we as men of medicine do but force on the helpless subject an atmospheric situation which threw the cellular metabolism and development out of joint. This is especially true of tissues with a highly differentiated duty, both structurally and functionally.

So much for the basic concept of this condition. I quote a few excerpts from an editorial in the American Journal of Ophthalmology by Dr. Algernon Reese. "It is interesting to note that coincident with the outbreak of the disease in 1942, there occurred among pediatricians an active interest in the administration of oxygen to premature infants. This was a natural and understandable sequence to the observation that oxygen corrected the irregular periodic respirations which are apparently due to anoxia. The Boston school was particularly active in promoting this seemingly good idea, and it was here in the beginning that the incidence of retrolental fibroplasia was so high that Terry made his original classic observations. In 1951, Michaelson demonstrated the capillary-free zone in the embryonal retina was due to the growth inhibiting effect of the oxygen tension around retinal arteries. Shortly following this, a cooperative project was set up financed by \$51,000 of Federal money. This resolved an enigma, the national cost of which has been estimated at \$800,000.00. A fairly good return on the investment! I doubt if so much has accrued from so little in the expenditure of the federal budget which appropriates approximately one thirty-fifth of one percent for medical research."

CONCLUSION

In this presentation, I have hurriedly discussed over 20 common diseases of the human host that have frequent ocular complications. There are many more. How can we expect an individual with spurious degree that enables him to use the title of "Doctor" to fulfill the obligations that the art and science of healing requires? Certainly a bunch of lenses, fancy spectacle frames and a roomful of Rube Goldberg gadgets does not give him such a privilege.

Duodenal Ulcers in Children

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Franklin

DUODENAL ULCER is not commonly considered in the differential diagnosis of abdominal pain in children between infancy and adolescence. Increasing awareness that such a condition does exist has enabled us to establish the diagnosis in 13 cases within the past few months. Because prompt recognition and proper treatment are important in the prevention of complications, these cases are presented to illustrate this clinical entity. A total of 17 children were suspected of having a duodenal ulcer and were x-rayed. Four of these had severe pylorospasm but no demonstrable ulcer. Although it has been stated that pylorospasm as such does not occur in children unless duodenal or gastric ulcer is present,⁴ these four cases were not included in this report. In all cases the presenting symptoms were referable to the intestinal tract and usually consisted of loss of appetite, vomiting, abdominal pain at night, or generalized abdominal pain. Tenderness in the epigastrium was a consistent physical finding. In every instance barium studies of the upper intestinal tract substantiated the diagnosis of duodenal ulcer. Once the diagnosis was confirmed, an ulcer regime consisting of a bland diet with six feedings, an antacid between each feeding, and a combined mild sedative and antispasmodic was instituted. In most cases the symptoms were alleviated within a few days.

BRIEF CASE PRESENTATIONS

The 13 children in this series ranged from 3 to 11 years of age and consisted of 5 boys and 8 girls.

Case I. R. O. is a six-year-old boy who comes from a broken home and lives with his father and paternal grandmother. He was first examined because he had developed abdominal pain and vomiting. Physical examination was

negative except for tenderness over the descending colon. Since symptomatic treatment failed to relieve the symptoms an x-ray of the stomach was taken, revealing evidence of an active duodenal ulcer. Routine ulcer management controlled the symptoms and the boy was well until a few months later when symptoms again appeared. Treatment was reinstituted and was effective in relieving the symptoms.

Case II. R. U. is a three-year-old boy who was the younger of two brothers. Recently a new baby sister was added to the family. This lad was first examined because for one week he had awakened during the night with a "stomach ache". His mother noted that his appetite had decreased during that time to the extent that a few bites of food was all that he would take. However, he seemed to be constantly hungry and would eat between meals. On examination he was found to be markedly tender in the epigastrium. A trial of antispasmodic medication was partially effective in controlling his symptoms. When his mother voluntarily stopped the medication the boy again awakened with stomach pain during the night and cried for his "stomach medicine". An x-ray of his stomach showed evidence of an active duodenal ulcer. A more strict ulcer regime completely relieved the symptoms.

Case III. T. R. is a three-year-old girl who lives with her divorced mother. Since the mother works during the day the child is left with various baby-sitters. She was first examined because of fever present for two days and because of pain in her abdomen. Physical examination was entirely negative and no specific medication was given. However, a few weeks later the patient was examined for a respiratory infection and at the time it was noted that she was tender in the epigastrium. Specific treatment relieved the respiratory symptoms but abdominal complaints continued. X-ray of the stomach showed a small active duodenal ulcer. Prompt relief of the ab-

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dominal symptoms was experienced as soon as the child was placed on an ulcer regime.

Case IV. J. U. is a nine-year-old girl who is the eldest of four sisters whose parents are obtaining a divorce. The paternal grandparents also live with the family. She was first examined because for three preceding nights she had awakened with a "stomach ache." Her mother also noted that the child's appetite had decreased somewhat. Since physical examination revealed epigastric tenderness as the only positive finding, a tentative diagnosis of duodenal ulcer was made. Subsequently, an x-ray of the stomach confirmed the presence of an active duodenal ulcer. The symptoms were promptly relieved by appropriate treatment.

Case V. K. A. is an eleven-year-old girl who is a resident of a children's home. She lives in a cottage with several other girls and was first examined because the housemother stated that the child had been vomiting after almost every meal and had complained of abdominal pain. Since the only objective physical finding was that of epigastric tenderness, an x-ray was taken of the stomach and established the presence of a duodenal ulcer. Institution of therapy relieved the symptoms within a few days.

Case VI. D. A. is an eight-year-old boy who is the second of three brothers, all of whom reside at a children's home. Both parents are dead. This boy was examined because for two days he had been unable to retain food. Symptomatic treatment failed to produce improvement and a stomach x-ray was requested. This x-ray revealed the presence of a small active duodenal ulcer. The boy responded well to specific treatment and rapidly became asymptomatic.

Case VII. R. O. is a nine-year-old boy who has a domineering father. This lad developed anorexia and abdominal pain at night shortly after his best pal and playmate moved away. An active duodenal ulcer was demonstrated and the therapeutic regime which was instituted promptly relieved the symptoms.

Case VIII. R. A. is a three-year-old only child who for one month had loss of appetite and occasional vomiting after meals. This girl's mother is very tense and over-protective of the child. An x-ray of the stomach was positive for duodenal ulcer. An ulcer regime controlled the symptoms within a few days.

Case IX. G. R. is an eleven-year-old boy whose mother has a proven duodenal ulcer. The

household is dominated by a very strict father. The boy developed diarrhea, weight loss and loss of appetite two weeks before his first examination. Epigastric tenderness was prominent in his positive physical findings and an x-ray revealed an active duodenal ulcer. He responded favorably to treatment.

Case X. J. E. is a seven-year-old resident of a children's home. Her housemother noted the child had lost her appetite but wanted food between meals. Since loss of appetite coupled with epigastric tenderness suggested a duodenal ulcer, an x-ray was taken which confirmed the diagnosis. Treatment relieved the symptoms.

Case XI. K. Y. is a six-year-old girl who had been having episodes of frequent bowel movements without diarrhea. Her appetite had been poor and she would vomit occasionally for no reason. Her only physical finding was epigastric tenderness. A duodenal ulcer was discovered and all her symptoms were relieved on ulcer treatment.

Case XII. B. A. is a five-year-old only child who was examined because of poor appetite and "nightmares." This latter symptom was manifested by awakening at night and crying. Tenderness in the epigastrium was noted and an x-ray confirmed the presence of a duodenal ulcer. Her appetite improved on diet and medication and her "nightmares" were relieved by a glass of milk at bedtime.

Case XIII. B. E. is a six-year-old girl whose mother was concerned by the child's lack of energy and poor appetite the past few weeks. Definite tenderness in the epigastrium was present. An x-ray of the stomach showed a duodenal ulcer. Improvement was marked after ulcer therapy was started.

DISCUSSION

Duodenal ulcers in children have been classified into four groups (Kennedy in 2). The first group consists of duodenal ulcers in newborn infants. These are usually identified by the presence of bleeding from the intestinal tract^{2, 4, 5, 11} and anemia. These ulcers either heal rapidly or perforate.⁴ Intestinal obstruction also may be a serious complication.¹¹ The prognosis of duodenal ulcer in infants under one year is poor.^{11, 12} Prompt surgery reduces the mortality somewhat but it is still high because of the acuteness of the symptoms and the age of the patient.¹² Duodenal ulcer should always be considered in the differential diagnosis of gastro-intestinal

hemorrhage or high intestinal obstruction in the newborn.

The second group consists of duodenal ulcers in young infants and children which appear to be epidemic and associated with the exanthematous diseases.

The third group occurs in children from one to nine years of age and are of the adult type but do not produce typical symptoms. The complaints are usually localized to the epigastrium but may be generalized and not cyclic.² The diagnosis in these children should be suspected in all cases of indefinite abdominal pain, particularly if the pain is localized in the epigastrium^{2,3,4,5} or is recurrent⁶ and especially if it is accompanied by any or all of the following symptoms: loss of appetite, night pain,^{3,6} pain on arising,⁶ or pain relieved by food.³ The ulcer in this group often remains undiagnosed until perforation or obstruction occurs.⁵

Group four consists of duodenal ulcer in older children. These ulcers are similar to those seen in adults and closely parallel the adult symptoms and physical findings.

Hyperchlorhydria is usually absent in children³ and gastric analysis is of little value due to technical difficulties and lack of standardization.¹⁰ Routine upper gastro-intestinal x-rays often demonstrate the ulcer but special techniques are helpful.¹³

A review of the available literature for the past 10 years confirms the fact that duodenal ulcer is a very real and potentially dangerous entity. Bleeding is estimated to occur in 40% of ulcers in children and perforation in 25% (Proctor in 5). Since most of the reports occurred in specialty journals it was thought to be advantageous to emphasize the existence of this disorder.

These cases from a general practice in a small community serve to illustrate the fact that the diagnosis can be established if the condition is included in the differential diagnosis of abdominal pain or loss of appetite in children. No attempt has been made to evaluate environmental factors in the production of duodenal ulcers in children other than to point out that it appeared each child had been subjected to an acute or chronic situation which tended to produce anxiety or insecurity. It has been noted by others that children with duodenal ulcers seem to be tense and are characterized by parents as "nervous,"¹ and that adult ulcers have their beginning in childhood.^{4,9}

SUMMARY

The diagnosis of duodenal ulcer is often overlooked as the cause of abdominal pain or loss of appetite in children. Thirteen cases are presented to emphasize the fact that such a condition does occur. The symptomatology varies with the age of the child and the older the child the more likely he is to have the typical adult picture.

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I wish to acknowledge the cooperation of my associate, William D. Province, M.D., for contributing case histories and of George Rittelman, M.D., Sara Fortner, R.T., and the technician staff of the Johnson County Memorial Hospital Radiology Department, whose patience and ingenuity were responsible for obtaining satisfactory gastro-intestinal studies on these children. Alfred T. Chappel, M.D.

Tuberculosis Today

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THERE ARE PEOPLE, and they are not all laymen, who think tuberculosis has become unimportant. They would have us believe it is no longer a serious problem, or more often, that "tuberculosis is just about licked". Perhaps these people do not understand, or have forgotten, some of the basic facts about the disease. Therefore, it may help to review briefly some of the principles of its pathogenesis.

What happens when tubercle bacilli enter the body for the first time? As a matter of fact, they are rather innocuous in the beginning. It makes little difference whether they are inhaled, ingested, or enter through the abraded skin. They are picked up by phagocytes and carried through lymph or blood channels until they lodge in a small capillary somewhere, usually in the lungs or a neighboring lymph gland. Here they set up a mild inflammation much like a foreign-body reaction. However, they are not inert like foreign bodies, but have the properties of life. They reproduce themselves, and the proteins they contain act as antigens to stimulate the formation of antibodies in the host.

Perhaps some of these antibodies are protective and confer some degree of immunity. If so, they have never been identified or measured, and the immunity, at best, is only relative. However, the foreign protein reaction, the allergic state, is demonstrable. This response is what we see in a positive tuberculin reaction.

Fortunately, considering the number of people involved, the odds are stacked in favor of the host at the time of the first infection. These bacilli are rather sluggish and do not multiply rapidly. The body's defenses soon destroy most of them, and imprison the rest within a wall of fibrous tissue. More ominously though, the stage

is then set for a more serious struggle at a subsequent invasion. The next time the situation is different and the contestants are more evenly matched. Tissues sensitized by a previous attack react more violently and the disease becomes more destructive. Leukocytes surround and attack the invading organisms as before, but now tuberculo-protein acts like a virulent poison. Cells in the center of tubercles die on contact. Caseous necrosis, typical of this stage of the disease, develops to form a medium favorable for transportation of the germs as soon as the inflammatory process erodes a vessel or bronchus. The liquid or semi-solid contents of the tubercle may then be carried into other parts of the organ, or of the body.

DIFFERENCE IN RESPONSE

This division of tuberculosis into first and later infections, by the way, is more academic than actual. It is an explanation of the pathology; the germ does not change. There is not one kind of bacillus which causes primary tuberculosis, and another which produces re-infection. The difference is in the response of the host. One stage precedes the other, but the separation may be so narrow that the course appears to be continuous. The interval between attacks may be only a few months, or it may be more than 20 years. Sensitivity usually develops in about three weeks and lasts indefinitely, or at least as long as the organisms remain alive within the body. Formerly, these types were called "childhood" and "adult" tuberculosis. The belief was prevalent that most initial infections occurred early in life, and that subsequent attacks were apt to develop between the ages of 15 and 35. Grandma and grandpa were generally considered immune. Now we know that first infections develop any time between the cradle and the grave. Breakdowns with

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disease are common late in the life span. It is more accurate and descriptive to refer to these phases as "first infection" and "re-infection tuberculosis".

FIRE ONLY BANKED

There are those who claim that most re-infections arise from the introduction of new germs from sources outside the body. Others believe clinical disease develops more often from organisms remaining alive in old, partly-healed lesions. Either method is possible, and therefore both are important. The addition of bacilli from without is certainly dangerous any time, but so is the threat from living bacteria harbored by an old infection inside the body. Investigators have ground apparently-healed primary foci and inoculated them into guinea pigs. Virulent tubercle bacilli have been found in as high as 50 percent of these animals. Sensitivity to tuberculin, once formed, frequently persists indefinitely. Healing may be incomplete in either type of tuberculosis, primary or re-infection. Sometimes the major part of the disease is well encapsulated, or even calcified, but one or more tubercles in adjacent tissues still smolder. In other words, the fire is not completely out; it is only banked, waiting for the best time to flare up again.

If the preceding facts about the nature of tuberculosis are kept in mind, we will have a better understanding of its epidemiology. The disease is chronic to a remarkable degree; it is capable of running a course over a whole lifetime. One attack does not confer appreciable immunity, but may make the victim more vulnerable. The allergic state set up by the first infection favors the parasite in subsequent attacks. Incomplete destruction of organisms may provide a built-in fifth column ready to make trouble in the future.

Perhaps we have been using the wrong yardstick to measure the effects of tuberculosis on the population. To describe a disease in terms of its mortality rate can be misleading. It may be better practice to use the morbidity rate. Death is final; those who die cease to be problems. It is the living with whom we should be concerned. How many still alive are potential or actual cases?

It is true that the death rate from tuberculosis has dropped sharply since the turn of the century. From 200 for every 100,000 people, it fell to about 50 in the forties, and only 10.6 in 1954. The number with active disease has not decreased

proportionately, however; and the total of new cases reported each year has not changed much. We are accumulating patients who would have died formerly, but now are kept alive. The extreme viability of this bacillus makes it obvious that there is a vast reservoir of infection with us yet. Those who have died from tuberculosis have taken their germs with them; carriers still alive are the problem.

HOW MANY PRIMARY CASES?

Unfortunately, there is no accurate knowledge of the extent of primary tuberculosis in the United States today. However, to estimate there are 50,000,000 such infections would not be unreasonable. These are our neighbors and patients, in whom seeds of disease have been sown to mature later. The Health Service has record of 250,000 inactive re-infections, and it is estimated there are 550,000 more unreported. Many of the latter are unaware of their condition themselves. These people are not ill or infectious at the moment, but they have already re-infected themselves at least once from within, or they have contracted infection at least twice from without. What assurance is there they will not do so again, or that the next attack will not be overwhelming?

Primary and inactive re-infections may jeopardize the future, but active disease is a real and present menace. Current reports show there are 250,000 such cases, but estimates indicate there are at least 150,000 more unknown. These lesions must be found to prevent them from spreading disease.

A UNIVERSAL PROBLEM

Other factors concerned with perpetuation of the disease should be mentioned. For example, tuberculosis is more than a local problem. Modern transportation mixes nationalities, so that no group can entirely avoid exposure to the diseases of another. If we ever should control tuberculosis at home, we still could not rest securely within our borders while the disease is rampant elsewhere in the world. Most other countries have more tuberculosis than we do today, and the amount of disease in the tropics is appalling. It is said that 10 percent of the population of the Orient have infectious lesions. A change in the factors which have contributed to our present success could delay or reverse the trend. A reduc-

tion in our standard of living, for instance, could be serious. A decrease in the use of case-finding procedures, or relaxation of measures for isolation and treatment, might be disastrous.

On the other hand, eventual elimination of tuberculosis is not only possible, but it also is practical. We have the tools to do the job. All that is needed, is the will. Tuberculous foci are often not apparent clinically, or even by x-ray. However, sensitivity to tuberculo-protein almost always betrays the presence of the bacilli. The allergic state produced by first infection can be turned into an asset as well as a liability. With the tuberculin test, the wheat can be separated from the chaff. If properly done and correctly interpreted, a negative result will eliminate tuberculosis from consideration in all but an insignificant number of cases. If it is positive, we know where to look further. What a boon it would be if there were such a lead in the search for cancer!

THE ROLE OF THE X-RAY

The miniature x-ray provides a method of examining all these suspects at reasonable cost. For no more than the cost of a movie, we can detect the lesion in those who are becoming ill, and reassure those who are not. The tuberculin test can be repeated on those who are not sensitive to tuberculo-protein until there is no longer any danger of exposure to known or unknown cases. Periodic x-ray of those with potential disease will prevent them from becoming seriously ill, and stop them from perpetuating the disease. Admittedly this sounds like a formidable undertaking, but we have spent more money and more time on projects with less promise. The more progress we make, the less work will need to be done. A program like this might have sounded futile a few years ago. Then x-ray examinations were much too expensive and there were not enough facilities to care for all the cases. Treatment was dreadfully slow and often uncertain. However, this situation no longer prevails and elimination of tuberculosis has become entirely possible. In 1940, it is estimated that 95% of the population over 45 years of age were infected, while studies in 1950-1952 showed a drop to 70% in this group. Surveys of high school and college students over a long period reveal a continuous decline in the rate of infection. The results of the tuberculin-testing pro-

gram in St. Joseph County schools are encouraging. Twenty years ago, 19 percent of our children reacted positively, now the average is only about 4 percent.

It is not always easy to make a diagnosis in a complex, insidious disease like tuberculosis. Certainly the x-ray is absolutely essential, but we should take full advantage of all the opportunity it offers us. A routine postero-anterior view of the chest may not be enough. Almost 25% of the lung is wholly or partly concealed by shadows cast by bones and the heart. Additional exposures with the patient in different positions may be helpful. The Bucky grid may relieve the confusion produced by diffusion of the rays as they pass through dense tissues. Planography, or body-section radiography, may come up with an answer which can be obtained in no other way. Sometimes the only evidence of activity in the lesion is a change in its appearance which develops over a period of time. The shadows projected upon the film by inflammation vary somewhat according to the nature of the process. These differences may be slight, however, and frequently occur in combinations which make them difficult to evaluate. Human eyesight is limited and judgment is fallacious. Before a case is finally considered inactive, it should be re-examined to make sure it remains stable. Otherwise, the disease can advance to the detriment of the health of the patient and the reputation of the physician.

Of course, x-ray is only one of the means to be used in making a diagnosis. Let us not forget the tuberculin test, for it is one of the most reliable and specific known to medicine. If properly done, a negative reaction practically excludes tuberculosis with a few rare exceptions.

THE SPUTUM TEST

The only single conclusive piece of evidence of active tuberculosis is the identification of the tubercule bacillus. Examination of sputum from a patient with a productive cough is so easy that it is surprising when it is not done. Yet we often receive patients who have never had a sputum test. It is a little more difficult to find the organisms from someone who denies symptoms. The ladies, bless them, particularly are reluctant to admit they ever spit. However, if the patient does not give us a specimen, we can still get one without too much trouble. A gastric lavage will obtain

the sputum that has been swallowed during the night. One should remember that "one swallow does not a Summer make". Germs may be expelled one day, but not the next. Several specimens always should be collected. Laboratory technicians are not infallible and tubercle bacilli are not the only ones with acid-fast staining properties. Certain saprophytes can be mistaken for them. Cultures should be prepared for accurate identification, especially if the x-ray characteristics are not typical. Animal inoculation may be necessary to prove they are virulent, if there is any question of identity after culturing.

In this connection, I would like to stress another point which is not so much scientific as it is plain common sense. Antibiotics should not be given until everything has been done to find the etiologic agent. Organisms may be hard to recover after drug therapy is started and the diagnosis can remain uncertain indefinitely. An error in judgment of this kind may result in neglect of treatment for some other serious condition with disastrous consequences. It is also a grave injustice to commit a person unnecessarily to the long-term therapy called for by a diagnosis of tuberculosis. Most of these lesions are indolent anyway, and we can take time to be accurate.

As for therapy, I hardly know what to say. For a long time, all we could do with our patients was put them to bed, feed them well, and see that they had plenty of fresh air (sometimes too much, perhaps). Some recovered, but I am afraid most only improved temporarily, to succumb to their disease later. Then, for some 20 years, devious ways were developed to extend the rest principle from the body as a whole to the lung in particular. Collapse was used extensively as an adjunct to rest.

CHANGING PRACTICES

Now rest has been modified to the point where some regard it as unimportant, especially in the treatment of minimal lesions. Most of us, though, believe it still has a definite place, and that it is essential in more toxic and advanced stages of the disease. Collapse procedures have almost gone by the board as unnecessary, or to be replaced by more definitive measures. The administration of pneumothorax has become a lost art, although there was a time not so long ago when most patients in an institution such as this would have been treated with it. Appreciation of early and late complications is partly responsible for its

abandonment, but more important has been the substitution of better procedures. Thoracoplasty, with the removal of five or more ribs, helped many of our old patients, but it was imperfect since it is deforming. Pneumoperitoneum is just about the only form of collapse still in use, and some do not agree on the need for that. However, pneumoperitoneum is almost free from serious danger, and elevation of the diaphragm has a relaxing effect upon the lung above. It can be helpful for extensive, bilateral, destructive lesions which need all the assistance we can give.

DRUG COMBINATIONS HELPFUL

The wait for a specific drug against tuberculosis lasted a good many centuries. The search seemed almost hopeless. Many preparations were introduced over the years, ranging in composition from the heavy metals to the noxious gases. Some had enthusiastic advocates, but none withstood scientific scrutiny or the test of time. Disappointment and disillusionment were the rule. Those working with the disease learned, in self-defense, to look upon claims with skepticism. So, caution was the watchword when Selman Waksman announced in 1944 that he had found a fungus, streptomycin, which was bacteriostatic against tubercle bacilli *in vitro*. The research program set up to investigate this drug rivaled the recent testing of polio vaccine in magnitude. Animal experiments and controlled study with the vast human resources of the armed services and the Veterans Administration proved the drug also was effective against the disease in man. Mass production permitted widespread distribution in a short period. However, it took longer to learn the best way to use it. In the beginning, many patients became straddle-legged from damage to their vestibular nerves due to doses which were too high. A little later it became apparent the drug was losing its potency before the disease was suppressed in many cases. Bacteria often developed a tolerance for streptomycin in a few months so that treatment was no longer effective. Then along came an import from Europe, para-aminosalicylic acid, which is usually called P.A.S. It too has a bacteriostatic action all its own, but it is a "weak sister" compared to streptomycin. However, the combination of the two is quite effective. P.A.S. has proved to be a valuable supplement since it helps to prevent organisms from developing resistance. With its help, treat-

ment can be continued long enough to obtain maximum benefit.

More recently, in 1952, Isoniazid was introduced. It is cheap, easy to administer, and relatively non-toxic. In combination with P.A.S., it is the treatment of choice today. Viomycin, less effective and more toxic than streptomycin, is also available for use when organisms become resistant to other preparations. Cycloserine, the newest of the antibiotics, is still under investigation, and is not on the market yet.

The place of surgery in tuberculosis has not been settled. The range of operative procedures has narrowed from over a dozen to a question of just how much lung to remove. The cry of the prophets and forecasters urging removal of healed lesions a few years ago, is now more subdued. Most agree large caseous foci should be excised after maximum response has been obtained from antibiotics. However, it is difficult to find viable organisms in other types of lesions after long-term antibiotic therapy, according to recent studies of surgical specimens. Probably the best attitude to take at the moment, is one of cautious optimism.

MULTI-FACETED PROBLEM

Other things are needed to treat tuberculosis besides medicine and surgery. In perhaps no other affliction is it so important to consider the individual as a whole. This disease makes people sick economically and emotionally as well as physically. It is truly a catastrophic interruption in the life of a patient. If he is not indigent when he gets it, he usually is by the time he gets over it. Treatment is expensive, and beyond the means of most, especially hospital care. Yet tuberculosis is infectious, so everyone has a personal interest in removing the sources of infection. Our neighbor with heart disease may attract our sympathy, but, after all, we will not catch it. However, the situation is different if he has tuberculosis. Freedom from exposure to a communicable disease is worth paying for, so all contribute towards the measures which will prevent spread of infection. Thus, isolation and treatment have gradually been taken over as governmental obligations. The cost of hospital care is so great that it can be met only through resources provided by taxation. It is no more socialistic to protect ourselves from tuberculosis through taxation, than to pay for police and fire departments to save us from physical violence.

Not everyone has the strength of character to withstand without help the psychological pressures brought on by tuberculosis. Fear of rejection by families and friends, and the threat of death, upsets the emotional stability of some. The long period of disability disrupts the plans, and jeopardizes the future of others. A family in want may result in premature termination, or even refusal to take any treatment. Worry over marital fidelity, sometimes with cause, and the care of children during absence from the home disturbs the tranquility of more. The untrained and uneducated may have to be taught new skills. After they get well, they should have jobs which will permit them to guard their regained health. Social, welfare and rehabilitation services are an integral part of the treatment of tuberculosis, assuming almost equal importance with medical and surgical measures. The keen intellect of Sir William Osler was responsible for the often repeated quotation, "Tuberculosis is a social disease with a medical aspect." His remark, made 50 years ago, is even more true today.

THE TB ASSOCIATION

I would be remiss if I did not mention the National Tuberculosis Association. It has been my privilege to serve on its local, state and national board of directors. I have often wished that more of my colleagues would do the same, and I am sure they would be welcome. It would give the medical profession a better perspective of the attitudes and activities of a good voluntary health association. The contribution of laymen to this organization is considerable. They are neither long-haired men nor short-haired women. They are just like the people you and I live and work with in our respective communities, except they have a special interest in tuberculosis. Most of them have had a personal experience with the disease directly, or indirectly through the illness of a member of the family or friend. As a result, they resolved to help fight the thing that affected them so deeply. They try to help and support the medical men who serve with them. Much of the progress that has been made against tuberculosis is attributed to the Tuberculosis Association. It is the great stimulator and coordinator of the efforts of the people working directly with the disease. Public support of measures necessary to control it would not have been possible without the educational campaigns of the last two generations. Incidentally, a voluntary

health organization such as this can be a potent ally to the medical profession in its fight against the inroads of socialized medical practice. Many of its boards have condemned compulsory health insurance. The National Tuberculosis Association is democratically organized, with 57 component units, mostly states, and over 3,000 locals. Most of its funds, 82%, and therefore most of its control, remains at the local level.

There is no doubt, some success has been achieved by the campaign against tuberculosis, but it still remains a major public health problem. Due to its inherent nature, it will be a serious threat indefinitely unless we continue and intensify the measures which helped to bring us this far. The search for unknown and potential cases must go on. Infectious lesions must be isolated until they are no longer communicable. Treatment may be more effective with the advent of antibiotic therapy, but there still is no sure cure. The drugs in present use have their limitations. They do not kill the bacilli; their action is slow and they are toxic to a degree. Surgical excision

is more definitive than collapse therapy, but it is rather hazardous and has some distressing complications.

" . . . CHRONIC AND COMPLEX AS EVER"

Recent improvements have brought about some modifications in the care provided tuberculosis patients. These will take time to evaluate. Recovery of patients with minimal and moderately advanced cases is quicker and perhaps more certain. Patients with advanced lesions are less apt to die, but their illness thereby may be only prolonged. Some patients can be discharged from hospitals and sanatoria sooner. A few, I suppose, can be treated at home throughout their course. However, the well-established principles of searching for the unknown case, isolation, and treatment still apply. Tuberculosis is as chronic and complex as ever. This is not the time to relax and rest upon our laurels. There is still much to be done before the disease is really brought under control and eventually eliminated.

ARE NEWSPAPER HEALTH COLUMNS POPULAR WITH READERS?

From time to time, statistics pop up to show that the public has an insatiable appetite for health news.

To these statistics might be added the recent report of Dr. Theodore Van Dellen, popular 45-year-old conductor of the "How To Keep Well" column which appears daily in the Chicago Tribune. Dr. Van Dellen reported that during the first three months of this year—January, February and March—he received more than 54,000 letters about health matters from readers. During February alone, he received 14,321 letters as compared with 9,888 in February, 1955.

About one-third of the letters, he said, required personal answers.

A recent pilot study conducted by the National Association of Science Writers, financed by a grant from the Rockefeller Foundation, revealed that health and medical news holds top priority in reader interest. The NASW survey showed that medical news exceeds even sports news so far as the reading public's interest is concerned.

Dr. Van Dellen's health column is rated one of the most popular of all the 21 such columns that are syndicated to newspapers throughout the country.

Dr. Van Dellen, who has conducted his column for 11 years, is assistant dean and associate professor of medicine at Northwestern Medical School and, in addition, he finds time to serve on at least six different committees of the Illinois State and Chicago Medical Societies.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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107th ANNUAL CONVENTION

THE ANNUAL CONVENTION of the Association will be held in Indianapolis on October 15, 16, 17 and 18. Program planning is in the advanced stage and now is the time to make plans to attend.

Monday, October 15, will be utilized, as in former years, for meetings of the Executive Committee, the Council and the House of Delegates, in order to accomplish as much of the administrative work as possible before the actual scientific program opens.

Tuesday, October 16, will be devoted to the golf tournament, the trap-skeet shoot, reference committee meetings and the opening of the technical and scientific exhibits. The Instructional Courses will be held at 10, 11, 2, 3 and 4 o'clock. The Stag Party and general entertainment will be that evening.

On Wednesday, October 17, panel discussions

and symposia are scheduled on the subjects of "Radioisotopes in Diagnosis and Treatment of Thyroid Diseases," "Parent Counseling for the Oversolicitous Parent and Caring for the Normal and Abnormal Infant," "Backache," "Industrial Dermatoses and Poisonings," "Acute Renal Failure," "Conservation of Vision," "Alcoholism," "Diabetes," "Obstetrics" and "Hypnosis."

Wednesday night will be "President's Night" with the President's Address and entertainment in the Murat Theater.

Thursday, October 18, will be opened by the final meeting of the House of Delegates. Later that morning a general session with a symposium on "Carcinoma of the Breast" is scheduled at 10:30 a.m.

Thursday afternoon from 12:00 noon until 5:00 p.m. will be devoted to Section Meetings. The Section on Surgery will discuss the "Surgi-

cal Problems of Middle Age." The Section on Medicine will hear papers on "Headaches," "Arrhythmias" and "Rheumatoid Arthritis." The Section on General Practice will have a guest speaker in the person of Walter C. Alvarez, who will talk on "The Minor Variances of Epi-

lepsy." Programs of the other sections will be announced later.

Thursday night is set aside for the Annual Banquet.

A more detailed announcement of the program will be printed in the JOURNAL next month.

HARVEY W. WILEY

THIS SUMMER marks the 50th anniversary of the signing of the Federal Pure Food and Drug Act. Dr. Harvey Wiley worked for 23 years for the passage of this law, and as Chief of the Bureau of Chemistry of the Department of Agriculture began its administration on January 1, 1907.

Dr. Wiley was a native Hoosier. He was born at Kent on October 18, 1844. After graduation from the old Medical College of Indiana, he was made professor of chemistry at Purdue University. While there he became interested in food research and his laboratory was particularly devoted to the problem of adulterated food.

In 1883 he became chief chemist of the Department of Agriculture. He continued his research and his crusade for an adequate federal pure food and drug law. The act which he sponsored and which was finally passed in 1906 was modeled

after the Indiana law which had been enacted seven years earlier.

Dr. Wiley was a contemporary of Dr. John N. Hurty. They were both pioneers in the field of public health and were energetic crusaders for what they knew to be right. It is difficult in this day, when pure foods and drugs are taken for granted, to realize what a mass of adverse public opinion, misinformation, prejudices and selfish business interests had to be overcome to accomplish their end. The law, with a few amendments, still stands today. It has probably done more for the cause of public health than any other single piece of legislation.

Dr. Harvey W. Wiley and Dr. John N. Hurty are to be revered for their wisdom, courage and selfless interest in the good of mankind. The State of Indiana and its medical profession can be proud of these two great physicians.

AVIATION SAFETY

THE BASIC SAFETY of travel by regularly scheduled airlines was demonstrated recently by an offer of a round-trip air ticket to Europe for a small down payment and the balance to be paid after the trip was over.

However, for those who place their faith in statistics, a report by the Metropolitan Life Insurance Company provides numerical proof of this development.

During the past 20 years the passenger mortality rate on scheduled domestic air routes has

decreased more than 90 percent. The number of passenger miles traveled has increased about 80-fold, and passenger deaths have increased less than 8-fold.

The death rate per 100,000,000 passenger miles for U. S. domestic travel 20 years ago was 5.87 and during the past two years it has been 0.55. The same rates for U. S. lines in international travel were 3.71 and 0.03.

In comparison with the domestic airline mortality rate of 0.55, passenger trains during the

same two-year period had a death rate of 0.10, buses 0.14 and automobiles and taxis 2.7.

More safety in air travel has been accomplished by improving both the mechanical and human factors. Planes are built better and are serviced on higher standards. Airports are better and traffic controls have been improved. Weather reporting and blind landing systems contribute to safety.

The choosing and training of pilots and air crews is steadily improving. In fact, the biggest factor which contributes to the disparity between the safety of air and auto travel is said to be the difference in the qualifications of those who operate the two modes of travel, rather than any inherent difference in the safety of the two vehicles.

TWO DANGERS

Two dangers are involved in Federal aid of any kind.

First is the problem of misdirected gratitude on the part of the beneficiaries; the gratitude that should be directed at the people as a whole, who put up the money, is misdirected at the people in Washington who dispense it.

Such gratitude could be converted into a worship of central government.

Second is its effect upon the traditional self-reliance and self-sufficiency of the American family and the American community.

It is easier to run to Washington for help than it is to help one's self, but the effect is a weakening of character.

These two dangers combined, add up to a third one—the steady increase of centralized functions in Washington which could change the basic nature of America.

When Benjamin Franklin was asked what kind of government the new Constitution gave American people, he answered: "A Republic—if they can keep it so."

In a Republic, there is no all-powerful central government; communities and states solve most of their own problems themselves.

And when American communities and states stop doing this, America will stop being a Republic.

—*American Economic Foundation*

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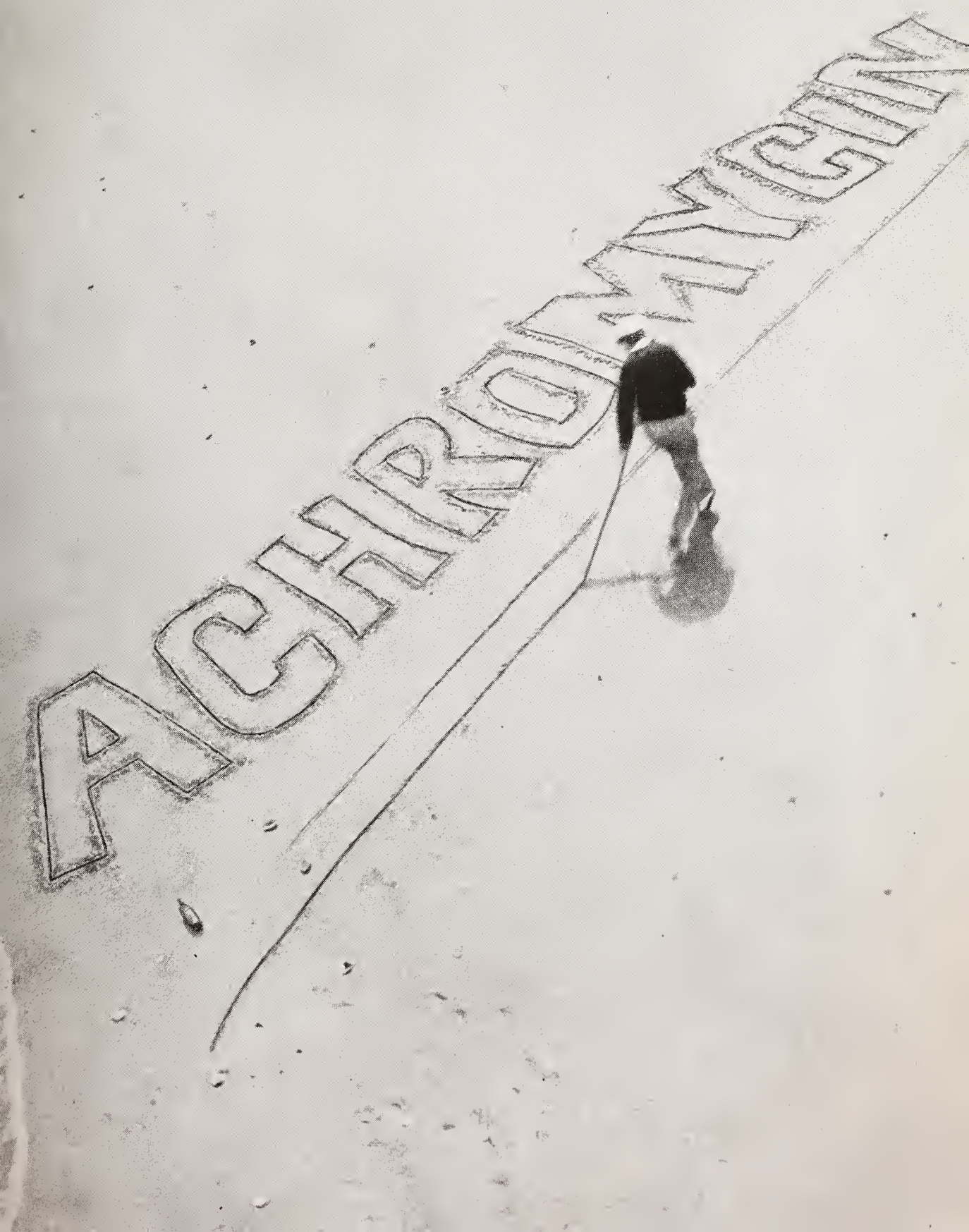


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The President's Page

TRUE TO OUR FREQUENTLY REPEATED PREDICTIONS, the profession is faced with another effort to institute governmental control of medical care. By the passage of the Dependents Medical Care Bill, which has been signed by the President and goes into effect December 1, 1956, a long step has been taken toward the achievement of the desired ending. The profession was amply warned of the end consequences but completely failed to make more than a shallow resistance to this plan. Under the plan the dependents of all members of the Armed Services and retired members become eligible for hospitalization and medical care at the expense of the government, under regulations to be issued by the Secretary of Defense. It will cover, at least, 800,000 persons at present, and since it includes retired personnel, the number of eligibles will certainly increase over the years to several million. In accordance with established custom, such a program, once adopted, is never removed from continuation, or from government control, or fails to attain yearly advances in its benefits and cost.

The key word, not yet defined and capable of various definitions, is the word "access." The bill provides that the services to be rendered shall be to those having "access" to government facilities first, and otherwise by private civilian sources. By one type of interpretation, "access" may be limited to a few miles and by another to any form of available transportation, even countrywide.

If it be limited only to the normal definition, which perhaps might be 15 or 20 miles, there will be great demand on civilian sources, but if "access" be liberally construed, it will call for additional government hospitals, with all their extravagant cost of building and operation and a vastly increased personnel.

Also, if "access" be limited and the bulk of the service diverted to civilian services, many more hospital beds will be required.

The compensation to be offered civilian medical men is not determined, but may be based on current Veterans Administration schedules. It was because of my belief that this bill would pass that I asked our own Veterans Committee to speed up their proposed schedule (which they did splendidly), so that the schedule might be in force before this new bill came into effect.

There has been no decision, as yet, whether this program will be carried on directly by the government, using the Veterans Administration schedule, or whether it will be carried out by commercial companies or Blue Shield-Blue Cross, acting as claim examining and disbursing facilities on a percentage fee.

The methods of operation and the fees established will be of considerable importance to the profession, but they are overshadowed by the important fact that the whole setup is pure governmentally controlled paternalism under regulations prescribed by a bureaucrat in Washington, reviewable and appealable only to the persons setting up the program.

The AMA trustees appealed to the profession to formulate a plan, which can be presented to the government rather than having to accept or fight a plan dictated by Washington. It is too late, now, to defeat the whole matter because it was fostered by pleas of need and by maudlin sympathy. It is

even questionable whether the profession could have defeated the measure even if they had tried urgently to do so. Opposition to it was superficial. The profession at large, with its usual complacency and failure to fight militantly such socialistic measures, may fairly be said to have made no real attack. As a result, we have approached closer to the idea of governmentally controlled medical practice, and I see no possible method of successful opposition.

It will certainly bring up again the question of unanimity of doctors in setting up adequate and fair fee schedules. Last year the House of Delegates made such a request of our local Societies, but too many of them have been unable to agree on what constitutes a fair schedule, though there is not one of them who does not actually operate under a schedule of fees dictated by local custom, though not formalized by Society action. Some of this failure to act has been due to an understandable belief, which has no sound basis at all, that the adoption of a proper fee scale, with an escape clause which removes every limitation on appropriate and adequate compensations, is an attempt to fix fees. Some of the failure has been due to the uncontrolled viewpoints of so-called "prima donnas," who violently resent any intimation, though untrue, of fee control and some of the failure unquestionably has been due to a minute but vocal minority who are greedy and concerned only in their own financial success and are wholly indifferent to the good of the profession, which they do not adorn.

Possibly, a better understanding would clear up most of the opposition and would result in a welding of professional thinking into a reasonable and fair program.

Whether we like it or not, we are facing a serious situation and, so far as I can see, we must close ranks in a unified effort to obtain control of this whole situation, or at least, insure the best possible compromise.

Urgency of action is a compulsory requisite, for the impact of this law upon the future of our profession is inescapable.

We must, first of all, close our own ranks in a fair, reasonable, adequate and practical agreement as to fees. Then we must determine whether we prefer to negotiate as a state organization with the government or whether, in company with a group of states, we will delegate the negotiations to the AMA or some agreed-upon delegate, or whether we prefer to have Blue Shield-Blue Cross represent us. Without a statewide general agreement among ourselves we have nothing to use as a base for negotiation with the government and we find ourselves having to take what is decided upon by others.

We are in a mess now. Let's get the best solution we can.

Can we have a "pipedown" on silly, inflammatory speeches of resentment and the equally stupid proposals of boycott, and call upon the practical and clear-thinking men in each Society (and there are many) for advice?

Don't forget there are other proposals now in Congress for similar actions, notably plans to furnish medical care to federal employes. In our own state, a proposal is coming up to place medical care of all indigents in the hands of a governmentally controlled Welfare Board, removing it from the Township Trustees system which, admitting rotten spots, yet remains a local institution.

W. H. Kennedy



Mrs. Frank Gastineau presents Past President's pin to Mrs. J. W. Mather as Mrs. William R. Tindall, 1956-57 president, assumes office.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

Published here as a report to the members of I.S.M.A. is the acceptance speech of Mrs. William R. Tindall, Shelbyville, president of the State Auxiliary. Given at the House of Delegates in Gary, April, 1956, it is in essence the program of the Woman's Auxiliary.

As I accept this gavel, I realize that I must serve in the same efficient manner as have my predecessors.

I have chosen for our State theme this year, one with a familiar ring: **Enlighten the Corner Where You Are!**

First, you must "Brighten the Corner Where You Are." This follows the thought of the second object of our Auxiliary, which reads: "To promote mutual understanding and cultivate friendly relations among the families of physicians."

A friendly approach will kindle enthusiasm, and give each individual member a desire to **be** a part of, and **remain** a part of our organization. It was this spirit of friendly co-operation which prompted me to accept the position of leadership of your Auxiliary.

Furthermore, we must foster a feeling of **unity** and **understanding** among our husbands, since they are the busy humanitarians of our nation. They are trying to keep alive the idealism which prompted them to study medicine, and, we, as doctors' wives, must give **unselfishly** of them, and, moreover, accept this role **willingly**. It is sometimes a trying role, but by the same token, a most rewarding one, to have had a small part in the benediction at the close of the day: "Well done, thou, my good and faithful servant."

Now, to **Enlighten the Corner Where You Are**: This follows the fourth object of our Auxiliary:

"To support the aims and purposes of the medical profession, and to extend its influence in organizations which promote health improvement and health education."

This is a challenge for each individual member! Good public relations are paramount at this time, and, you, as doctors' wives, can be the ambassadors of good medical will in your community.

Life partnership, with men dedicated to health, trains you for your natural role of interpreting the aims of medicine to the public. Auxiliary members have easy access to authentic health information which is accepted with confidence by lay groups. Through your choice of community projects, you can render a valuable service both to your community and your husband. **Thus, you will Enlighten the Corner Where You Are!**

Your State Program Committee has been busy planning your handbooks, which will be in the hands of the County Presidents soon. I hope that you can plan your county program around our Auxiliary projects.

The State Medical Association recommends especially that each county plan a "Health Day," if you have not already done so.

I hope that you will participate in community efforts for Civil Defense, and assist if disaster strikes.

Every County Auxiliary should strive for the goal of 100% for Today's Health subscriptions. This means the number of subscriptions should tally the same as your county membership. For \$1.50, these yearly subscriptions make appropriate gifts for teachers and personal friends.

It would be an excellent idea for each county to order the "Bulletin" for their president, to help her correlate her programs with the state and national projects.

The field of recruitment has been broadened to include Medical Technology Scholarships, as well as Nursing Scholarships.

The Medical Care Insurance Committee explains the doctors' plan of insurance, and it should be thoroughly understood in order that you may be able to correct any false impressions the public may have.

In the field of legislation, it is necessary to keep abreast of the times, and act willingly and quickly when asked to participate by the Medical Association.

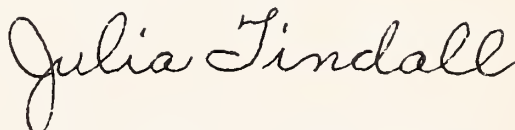
Medical schools are being helped by our contributions to the American Medical Education Foundation. Indiana has ranked first the last two years and we are hoping to continue this record.

I wish to offer my congratulations to all the new county officers, and wish them a successful year ahead. I hope that you will not hesitate to call upon any of your state officers for help, for we stand ready and willing to come to your assistance.

We have a challenging year ahead! But, with the help of the well-chosen new state officers and new county officers, the new state chairmen, and all the members of our Auxiliary, I am confident we can make another year of progress.

I appreciate the honor you have just bestowed upon me, by electing me your president.

I prize this honor, and I will do everything I can to merit this confidence.



Mrs. William R. Tindall, President

INDIANA AUXILIARY WINS 'TODAY'S HEALTH' CONTESTS

Top honors in the contest to obtain the largest number of subscriptions to Today's Health were awarded the Woman's Auxiliary of the Indiana State Medical Association and the Woman's Auxiliary to the Vanderburgh County Medical Society during the AMA meeting in Chicago in June.

Under the chairmanship of Mrs. Otis R. Bowen, Bremen, the state group placed first among all states in Group IV—those having more than 2,001 members.

Mrs. J. W. Pastor, Evansville, chairman of the Vanderburgh County group, was awarded first place in Group IV—counties with more than 100 members.

In each case the first prize was a \$40 cash award.

State winners in Groups I, II and III were New Mexico, Arizona, and Kansas.

Promotion of the popular health magazine has been an important project of the Woman's Auxiliary for several years.

Address by Dr. J. S. DeTar, President, American Academy of General Practice*

THE REQUEST HAS BEEN MADE for the background of recent decisions of the American Medical Association House of Delegates affecting the general practice of medicine. This I am happy to supply, because I believe these official actions of American medicine to be sound, and I believe them to be in keeping with the best medical interests of the American people.

The picture was this: While the outstanding general practitioner was being placed on a public pedestal for worshipful acclaim in state and national elections, that same generalist was being told by his hospital staff that his usefulness was ending, that his hospital practice must be curtailed, and that the services he has rendered hitherto must now be performed by specialists, indeed that he had no place at all on a hospital staff.

With a public crying for more family physicians, the number entering the general practice of medicine was dwindling annually; in fact, down to 18 per cent of the class of 1950. With a surplus of general surgeons and a shortage of general physicians, the percentage of residents engaged in specialty training had risen to 98 per cent and those training for general practice had dropped to 2 per cent. In the face of the obvious need for more high-quality rotating internships only 5 of the 80 medical schools were sponsoring the same. With lip service to general practice, only two of the 80 medical schools were operating a separate department of general practice.

Hundreds of medical students, viewing the situation, were selecting their specialty before graduation, completely bypassing the general practice of medicine. The picture was not pretty, but it was real. It was obvious that something should be done. The question was what.

In the consideration of the overall unpromising outlook, it must be recognized that certain broad,

basic philosophies are rather generally accepted by all members of the medical profession. For example, it is generally recognized that the generalist and the specialist each have a definite role in the care of the patient. It is acknowledged that the generalist brings to his patient certain knowledge and techniques which the specialist does not have. It is clearly conceded that in specializing and focusing his interests, the specialist has lost the broad perspective which the generalist still maintains.

This breadth of perspective does not find its true mode of expression necessarily in a multiplication of techniques, but rather in the performance of the general practitioner as truly the family physician, the family counselor, the diagnostician, really as the captain of the medical team plan for the family as a whole. It is the role of the generalist to administer care for all types of cases, up to the limits of his professional competence, and to discern when the patient is in need of the services of a specialist and then, with the help of a specialist, it is his role to carry out the management and therapy.

It is generally conceded that the well-trained generalist is qualified to manage the great majority of the problems he confronts and to manage them better than the specialist. Conversely, however, it is realized also that medicine has become so complicated that it is absolutely mandatory and the right of the patient to request utilization of the services of physicians who have limited their attention to certain specialty fields and are experts therein. I think we can say also that it is universally accepted that the union of these two categories, the generalist and the specialist, is a necessity for modern medical care.

CONFLICT OF INTERESTS

Conflict, however, of these interests, of the generalist and the specialist, has, during the past generation, gained ascendancy over the union of those interests. We see it in the rapid growth of specialization. We see it in the decreasing

* Presented at the Annual Meeting of the Indiana Academy of General Practice, Indianapolis, on April 18, 1956. Dr. DeTar practices in Milan, Michigan.

number of generalists. We see it in the selection by medical students of a specialty before graduation, and the selection of a specialty by interns before residency. We see it in the strangling of the generalist by hospital "snafu" and even in his total exclusion from hospital staff membership.

Taking note of these developments, the House of Delegates of the American Medical Association, meeting in Boston on December 1, 1955, took action—action which is certain to exert a profound effect on the nature of the practice of medicine for the next generation.

Let's take it up step by step. You remember the highly-inflammatory publicity to which the medical profession was being subjected three years ago in the national magazines. Some of the articles were entitled "Some Doctors Should Be in Jail," "Too Much Unnecessary Surgery," "Patients for Sale," and so forth. These articles resulted in 11 resolutions of condemnation on the floor of the House of Delegates of the American Medical Association.

FORM SPECIAL COMMITTEE

That was in December of 1953. The result was the formation of the Committee on Medical Practices of the AMA. This committee worked for a year and they spent \$14,000 of your money conducting surveys, interviewing doctors, interviewing patients. The committee came up with some forthright recommendations, one of which was that the American Medical Association "Should use its full influence to discourage arbitrary restrictions by hospitals against general practitioners as a group regardless of their qualifications as individuals."

The Board of Trustees studied the report. They studied it for a year, and in June of 1955 made certain recommendations thereon. However, they completely bypassed this provision for the discouragement of arbitrary restrictions by hospitals against generalists. This was considered a grave oversight by some of the delegates who opposed the closing of a subject by adding just another study and report to the archives without definitive action.

The members of the House of Delegates were not provided with copies of the report by the Committee on Medical Practices, a committee formed by the direction of the House and financed with AMA funds. The chairman of the Board explained that the Board had no intention



Dr. DeTar receives standing ovation as he begins address. Dr. John D. Van Nuys, dean of I. U. School of Medicine, at left.

of withholding the text but considered some of the text unsuitable for public quotation. In other words, the explanation was this: that this was in defense of American medicine. May it be said right here that the Board of Trustees consists of the most highly regarded members of the medical profession selected with great care by the delegates, who themselves are selected with great care by their state medical societies.

The Board of Trustees members are hard-working, sincere, devoted servants of the medical profession whose toil is too often not appreciated by our rank and file members, and their decisions are never regarded lightly. However, the House of Delegates is never a rubber stamping body, and that's a healthy situation, too. And the House did not accept the recommendations of its Board of Trustees but asked that each member of the House be furnished with a copy of this controversial report.

Remember that this was in June last year. During July and August the entire report of the Committee on Medical Practices was published in several medical periodicals. The lay press had a few words to say, in the main complimenting the medical profession for tackling a knotty problem. Some publicity was adverse, like the article in *Look* magazine, but that article can hardly be classed for bad public relations with "Patients for Sale" or "Some Doctors Should Be in Jail."

The whole question was to come up for decision in the House meeting in Boston in December. It must be borne in mind that the most controversial point proposed by the Committee

on Medical Practices was the recommendation that the American Medical Association use its full influence to discourage arbitrary restrictions by hospitals against general practitioners. This was the focus of great interest for the 60,000 or more members of the American Medical Association engaged in the general practice of medicine. The committee asserted that arbitrary restrictions existed but they failed to document the statement.

Believing that this question would arise in Boston, the American Academy of General Practice went into action. Its Commission on Hospitals decided to investigate to seek to determine whether arbitrary restrictions were a fact or a figment of the imagination. So in August—this was last August—a questionnaire was sent out to the officers of the state chapters of the American Academy of General Practice, men who should have the facts at their fingertips. The response was amazing. Overnight 170 affidavits reached the Academy headquarters, testimony with names of patients and hospital names, with specific instances of restriction and exclusion of generalists in hospital staff organization.

EXAMPLES CITED

These examples were put together in a paper which demonstrated rather conclusively the trend toward universal specialization. It demonstrated gradual but steady limitation of the generalist from hospital staff privileges and hospital staff membership. It demonstrated the steady decline of the numbers of young physicians entering general practice; in fact, it developed into a composite picture highly prophetic of the demise of general practice and the end of the generalist as a family physician. This paper was sent to the delegates, the delegates of the House of the AMA because in the House of Delegates of the AMA every effort is made to provide advance information necessary to prepare members for intelligent decision.

Some of the experiences encountered in this paper were rather shocking. For example, from North Carolina, a young doctor wrote that he had had one year of residency in anesthesiology and yet in his hospital he was prevented from giving even an ether anesthetic because he did not have his Board in anesthesiology.

From Virginia came this story: One of the young doctors asked for privileges in general medicine to include medicine, pediatrics, obstet-

rics and minor surgery, including fractures. The letter from the chief of staff of that hospital read like this, and I quote, "Our own interpretation of general medicine does not include such specialties as pediatrics, obstetrics, or any of their sub-specialties."

What, then, is the general practice of medicine? I ask you. In a Detroit hospital is this sign in a doctor's waiting room, and I quote this: "No referring doctor may enter the operating room during an operation unless as a consultant, in an emergency, or an as interested party in an unusual case." Now there's something wrong with a picture like that.

From Newark, N. J., comes this story: One of the doctors writes that a generalist cannot do a simple episiotomy or rupture membranes without permission of the resident—not even the attending obstetrician. Now, I ask you, what intern viewing this and seeing this type of limitation, would even consider the general practice of medicine?

From Richmond, Virginia, comes this tale, and I quote: "Daily the generalist must turn over his emergencies to a specialist in order to get a bed for his patient."

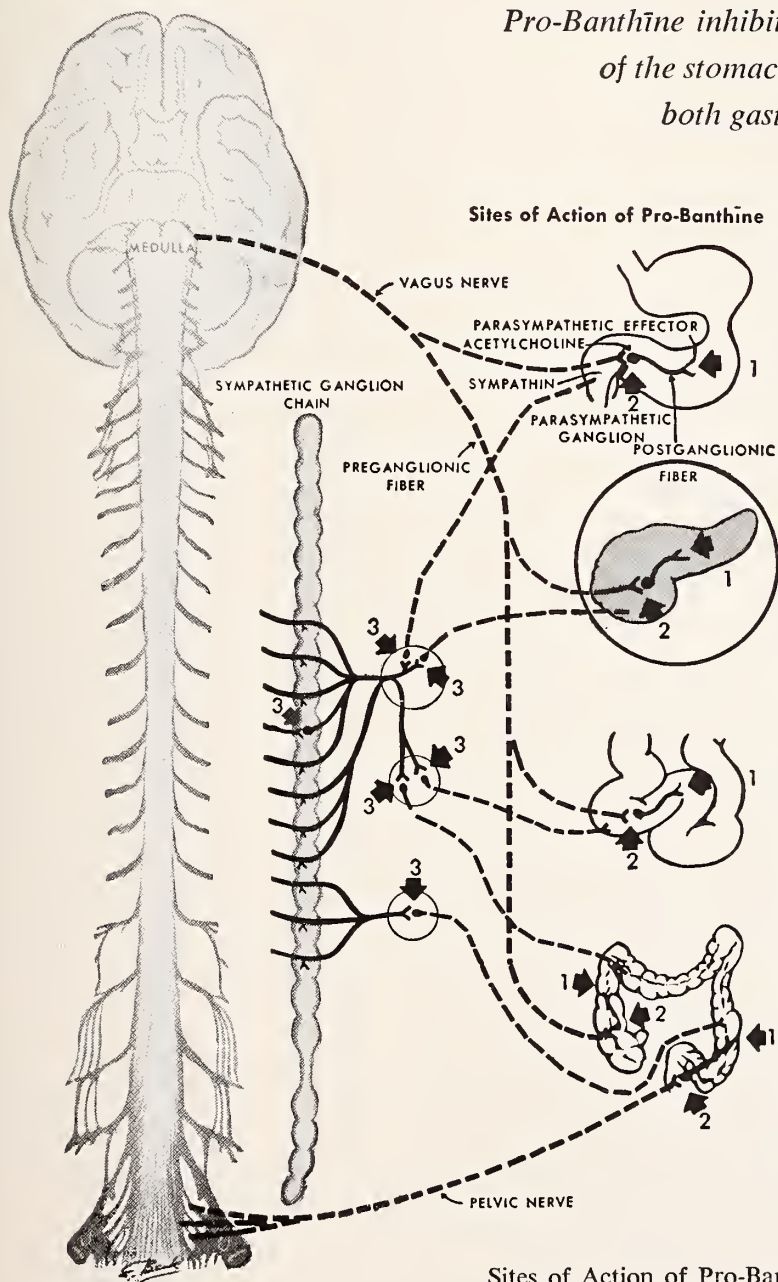
One of my friends from Detroit was asked to come to the emergency room of his hospital and put a piece of adhesive tape on the chest of one of his patients who had had an uncomplicated fracture of the ribs. He was told by the supervisor of nurses that he would have to call the orthopedic surgeon to put on the tape because that was a fracture and the rules of the hospital required that all fractures be repaired by orthopedic surgeons. In the same hospital, a different physician was told that he would have to call the same orthopedic surgeon or another in order to apply a splint to an uncomplicated fracture of the middle phalanx of the middle finger.

In Baltimore in one of the hospitals a generalist may admit patients below the age of 12 or above the age of 12 but not both. Now, what is the logic to this rule? In the same hospital, simple lacerations cannot be sutured or abscesses opened in the emergency room. The generalist must call a Board surgeon. In one of the hospitals in Orlando, Florida, the privilege of using outlet forceps was withdrawn for generalists without prior consultation—*outlet* forceps.

In Manhasset, N. Y., the generalist and the obstetrician cannot do circumcisions on the babies they deliver. They must call the urologist for this

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1. Jones, C. A.: Arch. Int. Med. 96:332 (Sept.) 1955.
2. Zollinger, R. M.: Postgrad. Med. 15: 323 (April) 1954.
3. Woodward, E. R.: M. Clin. North America 38:115 (Jan.) 1954.
4. Schwartz, I. R., and Hinton, J. W.: Personal communication, February, 1955.

SEARLE

complicated operation. What does this mean in terms of cost? I think it's obvious what it means in terms of absurdity.

Here's another interesting one: In Cottonwood, Arizona, one of the generalists applied for staff membership. The chief of staff said to him, "Don't you know that this is a closed corporation?"

In Pittsburgh, one of the young men interned at the Mercy Hospital and then when he was through he applied for staff membership. He was refused because he was informed that Mercy Hospital did not accept general practitioners on the staff. So he applied at the South Side Hospital. Again, he was refused because he had failed to take his internship at this, the second hospital. Thus, the young man was excluded from both hospitals. It's only too obvious why interns shun the general practice of medicine.

SOME EXCLUDE GPs

One could go on and on and on. Many hospitals do not even have a generalist on the staff. There are 23 in Massachusetts alone which have no generalist on their staffs. Do you think these examples are shocking? Do you think they are exceptions to the rule? Since this paper was published and distributed to the delegates, hundreds more of such instances have come in, more and more shocking, proving beyond question that the American Medical Association action on December 1 was appropriate, that it was due, if not overdue, and that it was vital to the survival of the general practice of medicine.

These examples are of super limitation and exclusion—they're not isolated and they're not rare. We are dealing here with a widespread malady which threatens to continue its growth. And when you stop to think of it, the cost of medical care is intimately related to the question of whether the hospitalized patient is shunted from specialist to specialist without the supervision of the family physician who knows him best or whether the personal physician is allowed to supervise his care, utilizing specialty consultation, but exercising the guiding hand of control over his medical and his financial interest and providing continuity of medical attention. And there is no question in my mind but that this proper supervision of the patient is directly related to the total cost of his illness and to the direct corollary thereof, which is government

control of medical care. As such, the proper privileges for the generalist become the problem and the interest of all medical groups—specialist and generalist alike.

I feel that the thinking public will stand just so much. And from every point of view, that of sound medicine, that of sound economics, the general physician must be integrated into the modern hospital organization. There must be some middle ground between unlimited, uncontrolled, unchecked low-quality hospital practice and the absurdities of exclusion and limitation. The American Academy of General Practice has never defended privileges for the incompetent. There is no reference in the Academy's manual on hospitals to privileges for those who are not able and are not qualified for these privileges. The manual stipulates that the general practitioner shall be evaluated on the basis of his individual training, judgment, skill and results, and for this status the Academy will continue to fight.

However, let's get back to the American Medical Association House of Delegates. This paper was studied by the delegates. Certain recommendations of far-reaching import were made in the paper and two resolutions were introduced—one from Michigan to reinforce the rather conservative version of the trustees' recommendations and one from Colorado which was introduced by a member of the American College of Surgeons which placed squarely before the House of Delegates the problem of preserving the general practice of medicine.

The explosion came in the reference committee, as on November 29, 44 doctors testified. The chairman of the reference committee, Dr. Lewis Alesen, of California, a surgeon, conducted a very fair and square inquiry, and of the 44 men testifying 43 spoke in favor of some portion of the proposals. Over 200 spectators listened. Decrying the practices of arbitrary limitation and exclusion were urologists and surgeons and anesthesiologists and internists and generalists. It was very obvious that here was no controversy between surgeons and generalists, between the College of Surgeons and the Academy of General Practice. Here was demonstrated a united front to put the American Medical Association squarely on the line to preserve the general practice of medicine.

I have the report of the reference committee before me. I should like to quote just a little

from it. It started out like this: "It was never intended that staff appointments of hospitals generally, or even in hospitals approved for residencies, should be limited to board certified physicians as is now the policy of some hospitals. Such policies if practiced extensively are detrimental to the health of the American people and therefore to American medicine. Hospital staff appointments should depend on the qualifications of physicians to render proper care to hospitalized patients as judged by the professional staff of the hospital and NOT on certification or specialty society membership. This idea has also been endorsed by the Joint Commission on Accreditation of Hospitals.

COMMITTEE IS PERMANENT

After this introduction, then followed the resolution, and it reads like this: "Resolved, that a continuing Committee on Medical Practices be created in the American Medical Association to conduct a study of the relative value of diagnostic medical and surgical services and to report its findings and recommendations to this House in the same manner as is now provided by other committees and councils of the association.

Get that point? That is a permanent committee to report twice a year to the House of Delegates on medical practices and medical services and medical fees.

The next part: "Resolved, that this committee shall consist of five members of the House appointed by the speaker, three of whom shall be general practitioners." I recall no such stipulation in any resolution in the House of Delegates in many years, that three of a committee of five must be general practitioners.

Here's the next phrase: "Resolved, that this committee shall be directed to utilize all possible means to stimulate the formation of a department of general practice in every medical school." Now, this is getting to correction at the source. You understand that right now there are only two such departments, one at Tennessee and one at Mississippi, and this directs that all possible means be used to stimulate the formation of a department of general practice in every medical school.

The next part reads like this: "Resolved, that the American Medical Association approve of the medical school teaching programs which af-

ford the medical student opportunity for experience in the general practice of medicine." Of course, this refers to preceptorships, and although there are 24 medical schools that have preceptorship programs at the present time, only one-seventh of our medical students are given that privilege because many of these schools are the smaller schools.

Now listen to the next phrase, because it has teeth: "Resolved, that the representatives of the American Medical Association in the Joint Commission on Accreditation of Hospitals be instructed (that doesn't say advised—that says *instructed*) to stimulate action by that body leading to the warning, the provisional accreditation or the removal of accreditation of community or general hospitals which exclude or arbitrarily restrict hospital privileges for generalists as a class, regardless of their individual professional competence, after appeal to the commission by the county medical society concerned." Note the technique on this: It leads to the warning or removal of accreditation of any hospital which arbitrarily restricts hospital privileges if that appeal is made by the county medical society concerned. That's a very interesting provision, with teeth.

And the last part of this: "Directing the Committee to assist the public relations department of the American Medical Association to present a program of public education designed to bring about a better understanding of all fields of medical practices." This means the relative value of diagnostic and general medical service. And then, that this committee again—it's repeated—"use its full influence to discourage any arbitrary restrictions by hospitals against general practitioners as a group or as individuals."

And then the last part: "That a copy of this resolution be sent to the American Colleges of Surgeons, Physicians, Pediatrics, Obstetrics, Catholic Hospital Association, Protestant Hospital Association, etc., AND the chief of staff of every hospital in the United States and its territories and to the deans of all medical schools."

AMA OFFICIAL POLICY

You know, that's a tremendous resolution. That was passed unanimously by the House of Delegates of the American Medical Association and now constitutes the official policy of that

association. There is no uncertainty about these words. They are direct and they are to the point. They are not the demands of a group of general practitioners bent on self-interest. They are today the adopted policies of the American Medical Association approved by unanimous vote of its governing body consisting of over 75 per cent specialists, demonstrating deep concern over serious problems of medical care unrelated to their own specialties. There is no reason to believe that these recently-adopted policies of American medicine are insincere, or that they represent a pat on the back to the family physician, or a crumb thrown to a public crying for family doctors. Conversely, they represent an enlightened attitude by the members of the House of Delegates to correct a trend toward threatened universal specialization by provision of better numbers of better trained generalists for the care of America's family practice.

CONCLUSION

Statement of policy of the American Medical Association, of course, does not solve all problems nor does the delegation of duties to a committee eradicate the existing deficiencies on hospital staffs, but it is a powerful directional pointer and I believe that the hospital staff organizations will take note. The acid test, of course, is neither what's good for the generalist nor what is good for the specialist, nor even what is good for the AMA. The validity, however, the validity and the worth and the viability of any such socio-medical economic policy is to be judged rather by what is good for the American people. He who chooses this concept as his guiding principle will stand on solid ground, and on such ground has the American Medical Association chosen to stand. Truly, the renaissance of the generalist is imminent, and I believe the American people will rejoice.

A.M.A. RURAL HEALTH PLANNING SESSION AT PURDUE

Following the adage that two heads are better than one, the AMA's Council on Rural Health has scheduled a fall study conference for chairmen of state rural health committees. Purpose of the October 19-20 session at Purdue University is to exchange ideas on ways and means of developing better health conditions in local communities. On the tentative agenda are discussions of local experiences and organization, objectives and goals, and ways of working with allied or advisory groups. Through this meeting, the Council hopes to pull the state committees into closer union and clearer understanding of the national objectives.

Reservations for the two-day meeting should be sent directly to the Student Union, Purdue University, Lafayette, Indiana. Further details may be obtained from the Council.



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Scenes at IAGP Annual Session



Photographs taken at the April Scientific Session of the Indiana Academy of General Practice show, top, left to right, Dr. J. S. DeTar, Milan, Michigan, president of the American Academy of General Practice; Dr. Frank H. Green, Rushville, retiring president of the IAGP, and his successor, Dr. Norman R. Booher, Indianapolis; Dr. O. T. Scamahorn, Pittsboro, IAGP past president; Dr. Walter U. Kennedy, New Castle, president of the Indiana State Medical Association; Dr. John D. VanNuys, dean of the I.U. School of Medicine, and Dr. DeTar, who made the principal address at the annual banquet. At far right, a girls chorus from Rushville High School which furnished a musical program for the annual banquet and the Auxiliary luncheon.

Center pictures are of Dr. Wilson Dalton, Shelbyville, greeting Dr. Thomas H. Burford, professor of thoracic surgery at Washington University, one of the speakers; Dr. Green introducing Dr. Robert J. Rohn, director of hematology and cancer research at Indiana University Medical Center, a speaker; Dr. George F. Parker and Dr. Edwin W. Dyar, Indianapolis, scientific speakers.

Lower groups include, left and center, guests at the IAGP Auxiliary luncheon: Mrs. J. R. Black, Seymour; Dr. Booher; Mrs. W. U. Kennedy, New Castle; Bob Waggener, Homer, who spoke on "Antique and Modern Cherry Furniture"; Mrs. Frank H. Green and Dr. Green, Rushville; Dr. W. U. Kennedy, New Castle, ISMA president; and Mrs. J. M. Mather, East Gary, immediate past president of the Woman's Auxiliary to ISMA. At far right a group shot of IAGP members and guests at the annual banquet.

Four I.U. Faculty Members Accorded Professor Emeritus Rank by Trustees

AFTER SERVING a combined total of 144 years and contributing to the education of more than 2,500 physicians, four Indianapolis physicians have been named Professors Emeritus by the Board of Trustees of Indiana University. Those receiving the Emeritus rank were Dr. George S. Bond and Dr. Edgar F. Kiser, Professors Emeritus of Medicine; Dr. Charles O. McCormick, Professor Emeritus of Obstetrics; and Dr. Charles F. Thompson, Professor Emeritus of Orthopedic Surgery.

Dr. Bond became a member of the faculty in 1914; Dr. Kiser in 1917; Dr. McCormick in 1916; and Dr. Thompson in 1925.

The rank is an academic one and does not indicate retirement from professional practice and other activities.

Promotions of 29 other members of the medical and nursing faculties were also approved by the Board of Trustees. They were:

Clinical Professor—Dr. James F. Balch, genitourinary surgery; and Drs. Neill Garber and Carl D. Martz, orthopedic surgery.

Associate Professor—Dr. David E. Brown, otolaryngology; Dr. Robert F. Heimburger, surgery; Dr. John W. Hendricks, genitourinary surgery; Dr. Sherman A. Minton, Jr., microbiology; Dr. Robert J. Rohn, medicine, and Miss Martha L. Akers, nursing.

Assistant Professor—Dr. Robert S. Baker, biochemistry and pharmacology; Drs. DeWitt W. Brown, George C. Weinland, and James H. Wells, psychiatry; Drs. Warren E. Coggeshall, Joe H. Jewett, George Lukemeyer, Hunter Soper and D. Edmund Storey, medicine; Dr. Thomas C. Moore, surgery; Dr. John A. Shively, clinical

pathology; and, Dr. John M. Young, genitourinary surgery.

Instructor—Dr. Palmer O. Eicher, orthopedic surgery, and Dr. Fred L. Toumey, otorhinolaryngology.

Associate—Dr. Charles Gillespie, obstetrics and gynecology; Drs. Maurice Marks and Donald Schlegel, surgery; Dr. John H. D. Mertz, genitourinary surgery; and, Drs. Carl B. Sputh and Sidney L. Stevens, otolaryngology.

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Sgt. Elmer Paul, Indiana State Police, explains merits of automobile safety belts to a visiting physician at the AMA annual convention in Chicago where the Auto Crash Injury Research exhibit attracted wide attention. The research project, in which the Indiana State Medical Association has collaborated actively, is the original and one of the most extensive efforts to learn causes of auto accident injuries and means of prevention.



Convention Capsule

Hot, humid weather failed to slacken interest in the 325 scientific and 350 technical exhibits shown at the annual AMA convention in Chicago.

* * *

At the 12th annual Conference of Presidents and Other Officers of State Medical Associations, James A. Waggener, executive secretary of ISMA, was reelected secretary.

* * *

Two teenage girls, winners of the AMA awards at the National Science Fair, were the center of attention during the convention. Their prize-winning exhibits were displayed just outside the entrance to the main exhibits.

* * *

The largest art exhibit ever shown at an AMA convention was viewed by many visitors. Four hundred physicians had 600 separate exhibits in all media. Merck Sharp and Dohme furnished space for the display.

* * *

Closed circuit colorcasts of 15 clinics and 7 operations were shown on four days by Smith, Kline and French. A new sound system was employed which permitted surgeons to speak to the viewers and to hear comments from the audience.

* * *

Mrs. Frank M. Gastineau, Indianapolis, Auxiliary chairman of the American Medical Education Foundation campaign, was interviewed during the convention on Don McNeil's Breakfast Club, and Dr. W. U. Kennedy, president of ISMA, was interviewed on "Doug Edwards and the News" over CBS.

* * *

Lay executives representing Indiana organized medicine attending the convention included J. A. Waggener, R. J. Amick and K. W. Bush, ISMA, J. E. Palmer, Indianapolis Medical Society, and A. P. Tiernan, Vanderburgh County Medical Society.



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Broad Revision of AMA "Principles of Medical Ethics" Recommended

THE REPORT of the Council on the Constitution and ByLaws of the American Medical Association to the A.M.A. House of Delegates at the recent Chicago meeting is reproduced in full because of the widespread interest in the A.M.A. "Principles of Medical Ethics." Final action on the revision is expected to be on the agenda of the next meeting of the House of Delegates in December.

REPORT OF THE CHAIRMAN COUNCIL ON THE CONSTITUTION AND BYLAWS AMERICAN MEDICAL ASSOCIATION*

INTRODUCTION

This report deals with recommendations of the Council on Constitution and Bylaws and it consists of three parts.

SECTION ON PREVENTIVE MEDICINE

First. A resolution was introduced during the last session of the House of Delegates which reads as follows: "Resolved, that the Section on Preventive and Industrial Medicine and Public Health respectfully requests the House of Delegates of the American Medical Association to change the name of the Section on Preventive and Industrial Medicine and Public Health to the Section on Preventive Medicine."

This resolution was referred to the Reference Committee on Sections and Section Work, which recommended approval. The House adopted the recommendation of the Reference Committee, and requested the Council on Constitution and Bylaws to prepare appropriate alterations in the Bylaws which would implement the change. Therefore, the Council on Constitution and Bylaws recommends that the title "Preventive Medicine" be substituted for that of "Preventive and Industrial Medicine and Public Health" in section 1(k) of Chapter VII of the Bylaws.

METHOD OF AMENDING PRINCIPLES

Second. In December of 1955 the Council on Constitution and Bylaws called to the attention of the House of Delegates the fact that neither the Principles of Medical Ethics nor the Constitution and Bylaws provide for amendment of the Principles, and that by custom

* Presented by Dr. L. A. Buie before the House of Delegates of the American Medical Association, Chicago, Illinois, June 11 to 15, 1956.

amendments approved by a majority vote of the House of Delegates have long been recognized as valid. It was the opinion of the Council on Constitution and Bylaws that such changes should be made only after the most careful deliberation, and it therefore suggested that a section be added to the Principles which would provide for amending them. The Reference Committee on Miscellaneous Business recommended that this proposal be tabled for further consideration. The House of Delegates approved this action. The Council on Constitution and Bylaws has complied with the decision of the House of Delegates and now recommends that a provision for amending the Principles be incorporated in the Bylaws as follows:

Designate the present paragraph of Chapter XXI of the Bylaws (which provides for amendment of the Bylaws) as "Section 1," and add a second paragraph designated as "Section 2," which reads as follows: "The Principles of Medical Ethics may be amended by the House of Delegates at any session on the approval of two-thirds of the members of the House of Delegates present and voting, provided that the proposed amendment shall have been introduced at the preceding session."

REVISION OF THE PRINCIPLES OF MEDICAL ETHICS

Third. You will recall that in the past several committees have been engaged in revising the Principles of Medical Ethics. Also you are aware that this task was assigned to the Council on Constitution and Bylaws in June, 1952. For various reasons, discussed in former reports, it was not possible to make available to the House of Delegates an exhaustive analysis of the Principles until the December session of 1955. When that report was made, many of the complexities of this undertaking were revealed.

For example, when the attempt was made to distinguish etiquette from ethics, it was readily apparent that a substantial portion of the Principles actually deals with matters in which morals, manners and even economics are intermingled. In addition, some sections which are intended to deal with matters of courtesy might well be construed as involving problems of morality. At all events, it became clear, beyond doubt, that there exists a broad twilight zone in which the concepts of ethics and etiquette are entangled and in which there is much overlapping and consequent confusion.

An interesting point was noted with respect to Section 4 of Chapter VII, which provides a definition of free choice of physician. Once it has been read, the reader might assume that a preceding Principle proscribes activities which limit freedom of choice. Yet there is no such antecedent provision. Although the question of free choice of physician raises many prob-

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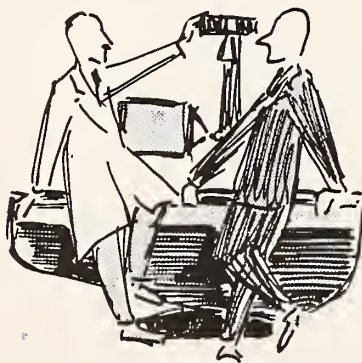


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lems which are involved in contract practice, workmen's compensation, prepaid health care and other fields of insurance, the Principles do nothing more than define the term.

MEETING WITH THE JUDICIAL COUNCIL

The Council on Constitution and Bylaws has sought both counsel and criticism by means of publications in the *Journal of the American Medical Association* and by personal interviews and correspondence. Furthermore, in accordance with the request of the House of Delegates, a joint meeting with the Judicial Council was held on March 23. This meeting was attended by several ex-officio members and by representatives of the Legal Department. Those who attended this meeting reached the ineluctable conclusion that the present Principles are encumbered by verbosity and qualifying constructions of dubious value which in themselves engender confusion. Hence, it was felt that the Principles should be broad and should provide a framework within which interpretations could be made. They should deal with basic principles which can serve as a ready reference for the busy practitioner.

A subcommittee, consisting of the two chairmen of the respective councils and one other member of each council, was appointed to prepare a condensed version for consideration by both councils prior to the present session of the House of Delegates. During subsequent weeks several conferences were held, and on April 27 the subcommittee presented to the Judicial Council a new version of the Principles. During this meeting, after agreement was reached on some alterations, the members of the Judicial Council approved the proposed revision. Finally, on June 9, it was reviewed and approved by the Council on Constitution and Bylaws.

THE VIRTUES OF BREVITY

Doubtless the brevity of these Principles will attract your attention. If so, it is by design. All of us have become accustomed to a lengthy document. The Principles never have encompassed fewer than 40 sections, and in 1903, when the name was changed from the "Code of Medical Ethics" to the "Principles of Medical Ethics" of the American Medical Association, there were actually 53 sections. At present, the Principles are comprised of 48 sections. In the year 1846 the National Medical Association, which was the progenitor of the American Medical Association, selected a committee charged with formulating a Code of Ethics. This committee, which submitted its report in 1847, patterned the Principles which it proposed after those of Thomas Percival. Percival's principles contained 92 rules for the guidance of physicians, chiefly in their relationship with each other. His concept of ethics, which was published in 1803, can be held accountable for the volume and some of the content of the Principles which have served as our guide for more than a century.

On the other hand, there is nothing new or original about the quality of brevity in the present proposal. As examples, we have the Constitution of the United

States, and even more significant, the Ten Commandments. If further proof were necessary, we need only mention the Oath of Hippocrates, which in some 300 words (331 to be exact) outlines many of the basic principles on which most medical ethical codes have been built during the past 2,200 years. From the standpoint of integrity there has been no improvement over the principles enunciated in this oath, but from the standpoint of practical application, work has never ceased on the problem of adjusting them to the requirements of the contemporary scene.

PRACTICAL ECONOMY OF THE PROPOSED PRINCIPLES

The conclusions which are now offered for your consideration consist of a brief Preamble and 10 sections which succinctly express the fundamental ethical concepts embodied in the present Principles. Every basic principle has been preserved. On the other hand, as much as possible of the prolixity and ambiguity which in the past obstructed ready explanation, practical codification and particular selection of basic concepts, has been eliminated. The members of the Council believe and wish to emphasize that no fundamental ethical concept has been omitted from the Principles which are now presented for your consideration.

It is intended that this condensed version will provide the physician with a permanent, yet readily accessible guide to ethical conduct which might be imprinted suitably on appropriate paper and displayed in the office of every member of the American Medical Association.

It will be supplemented by the opinions and interpretations of the Judicial Council which are based on past decisions and pronouncements, which are now being published in the *Journal of the American Medical Association* and are being collected and codified. No code of Ethics could abrogate this paramount function and men of wisdom would not have it otherwise.

It is important to understand that medical ethics are not distinct or separate from ethics generally, but simply emphasize those general principles which are of particular concern to the medical profession. The ethical physician will observe all ethical principles because he realizes that they cannot be enforced by penal reprisals, but must be binding in conscience.

CONCLUSION

You have been provided with an annotated copy of the new Principles showing the manner in which they embody the Principles in use at this time.

It is recommended that these proposed changes in the Principles be substituted for those submitted in December 1955 and that they be sent to an appropriate reference committee, where ample opportunity can be provided for discussion of them by members of the American Medical Association. It is suggested that action by the House of Delegates be deferred until the December, 1956, session.

The Council on Constitution and Bylaws wishes to thank the members of the Judicial Council and members of the staff of the Law Department for their invaluable assistance.

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

PREAMBLE

These principles are intended to serve physicians, individually or collectively, as a guide to ethical conduct. They are not laws; rather, they are standards by which a physician may determine the propriety of his own conduct. They are intended to aid physicians, in their relationships with patients, with colleagues, with members or allied professions and with the public, to maintain under God, as they have through the ages, the highest standards.

Section 1. The prime objective of the medical profession is to render service to humanity with full respect for both the dignity of man and the rights of patients. Physicians must merit the confidence of those entrusted to their care, rendering to each a full measure of service and devotion.

Section 2. Physicians should strive to improve medical knowledge and skill, and should make available the benefits of their professional attainments.

Section 3. A physician should not base his practice on an exclusive dogma or a sectarian system, nor should he associate voluntarily with those who indulge in such practices.

Section 4. The medical profession must be safeguarded against members deficient in moral character and professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5. Except in emergencies, a physician may choose whom he will serve. Having undertaken the care of a patient, the physician may not neglect him. Unless he has been discharged, he may discontinue his services only after having given adequate notice. He should not solicit patients.

Section 6. A physician should not dispose of his services under terms or conditions which will interfere with or impair the free and complete exercise of his independent medical judgment and skill or cause deterioration of the quality of medical care.

Section 7. In the practice of medicine a physician should limit the source of his professional

income to medical services actually rendered by him to his patient.

Section 8. A physician should seek consultation in doubtful or difficult cases, upon request or when it appears that the quality of medical service may be enhanced thereby.

Section 9. Confidences entrusted to physicians or deficiencies observed in the disposition or character of patients, during the course of medical attendance, should not be revealed except as required by law or unless it becomes necessary in order to protect the health and welfare of the individual or the community.

Section 10. The responsibilities of the physician extend not only to the individual but also to society and demand his cooperation and participation in activities which have as their objective the improvement of the health and welfare of the individual and the community.

ANNOTATION OF PROPOSED PRINCIPLES OF MEDICAL ETHICS

Preamble

The Preamble includes concepts expressed in

- a. The Preamble
- b. Chapter I, Section 1—"Character of the Physician"
- c. Chapter VI, Section 4—"Criticism to be Avoided" of the present Principles.

Section 1

Section 1 includes concepts expressed in

- a. Chapter I, Section 1—"Character of the Physician"
 - b. Chapter I, Section 10—"Secret Remedies"
 - c. Chapter II, Section 3—"Prognosis"
 - d. Chapter V, Section 2—"Consultation for Patient's Benefit"
 - e. Chapter VI, Section 1—"Misunderstandings to be Avoided"
 - f. Chapter VI, Section 3—"Services to Patients of Another Physician"
 - g. Chapter VI, Section 4—"Criticism to be Avoided"
 - h. Chapter VII, Section 1—"Limits of Gratuitous Service"
- of the present Principles.

Section 2

Section 2 includes concepts expressed in

- a. Chapter I, Section 2—"The Physician's Responsibility"
 - b. Chapter I, Section 7—"Patents and Copyrights"
 - c. Chapter VII, Section 4—"Free Choice of Physician"
- of the present Principles.

Section 3

Section 3 includes concepts expressed in

- a. Chapter II, Section 1—"Standards, Usefulness, Nonsectarianism"
- of the present Principles.

Section 4

Section 4 includes concepts expressed in

- a. Chapter I, Section 11—"Evasion of Legal Restrictions"
 - b. Chapter III, Section 1—"Upholding the Honor of the Profession"
 - c. Chapter III, Section 2—"Membership in Medical Societies"
 - d. Chapter III, Section 3—"Safeguarding the Profession"
 - e. Chapter III, Section 4—"Exposure of Unethical Conduct"
 - f. Chapter VI, Section 3—"Services to Patient of Another Physician"
 - g. Chapter VI, Section 4—"Criticism to be Avoided"
 - h. Chapter VI, Section 7—"A Colleague's Patient"
 - i. Chapter VI, Section 9—"Disputes Between Physicians"
- of the present Principles.

Section 5

Section 5 includes concepts expressed in

- a. Chapter VIII, Section 1—"Physicians as Citizens"
 - b. Chapter VIII, Section 2—"Public Health"
- of the present Principles.

Section 6

Section 6 includes concepts expressed in

- a. Chapter IV, Section 1—"Dependence of Physicians on Each Other"
 - b. Chapter VII, Section 3—"Contract Practice"
 - c. Chapter VII, Section 5—"Purveyal of Medical Service"
- of the present Principles.

Section 7

Section 7 includes concepts expressed in

- a. Chapter I, Section 6—"Payment for Professional Services"
 - b. Chapter I, Section 8—"Dispensing of Drugs and Appliances by Physicians"
 - c. Chapter I, Section 9—"Rebates and Commissions"
- of the present Principles.

Section 8

Section 8 includes concepts expressed in

- a. Chapter V, Section 1—"Consultations Should be Encouraged"
 - b. Chapter V, Section 2—"Consultation for Patient's Benefit"
- of the present Principles.

Section 9

Section 9 includes concepts expressed in

- a. Chapter II, Section 2—"Patience, Delicacy, and Secrecy"
 - b. Chapter II, Section 3—"Prognosis"
- of the present Principles.

Section 10

Section 10 includes concepts expressed in

- a. Chapter I, Section 5—"The Relationship of the Physician to Media of Public Information"
 - b. Chapter II, Section 4—"The Patient must not be Neglected"
- of the present Principles.

The following sections of the present Principles were considered by the Council on Constitution and ByLaws and the Judicial Council to be guides to manners or etiquette rather than Principles of Ethics:

- a. Chapter IV, Section 2—"Compensation for Expenses"
- b. Chapter IV, Section 3—"One Physician in Charge"
- c. Chapter V, Section 3—"Punctuality"
- d. Chapter V, Section 4—"Patient referred to Consultant"
- e. Chapter V, Section 5—"Discussions in Consultation"
- f. Chapter V, Section 6—"Responsibility of Attending Physician"
- g. Chapter V, Section 7—"Conflict of Opinion"
- h. Chapter V, Section 8—"Consultant and Attendant"
- i. Chapter VI, Section 2—"Social Calls on Patient of Another Physician"
- j. Chapter VI, Section 5—"Emergency Cases"

Indiana Well Represented at A.M.A. Convention; 441 Physicians Register

DAILY REGISTRATIONS at the American Medical Association's 105th annual convention June 11-14 showed the following Indiana physicians present during the world's largest medical gathering.

Those registering Sunday and Monday were:

Milton H. Anderson, Evansville; R. L. Armington, Anderson; Lester D. Bibler, Indianapolis; Philip A. Boyer, Jr., Indianapolis; Carl A. Bunde, Indianapolis; Russell A. Flack, Lafayette; Ernest J. Fogel, Indianapolis; Oscar M. Helmer, Indianapolis; John W. Karn, South Bend; William R. Kirtley, Indianapolis; Paul J. Lamey, Anderson; Robert C. Little, Evansville; Cleon A. Nafe, Indianapolis; Henry G. Nester, Indianapolis; John M. Paris, New Albany; Roscoe L. Sensenich, South Bend; Heskell Shina, Charlestown; C. Herbert Spencer, Fort Wayne;

Charles R. Alvey, Muncie; Clay A. Ball, Muncie; Harold C. Ball, Muncie; Harry Baum, Indianapolis; Robert O. Bethea, Jr., Farmersburg; Ben A. Biasini, South Bend; Robert S. Bolin, Elkhart; Robert C. Bolin, Lafayette; Floyd A. Boyer, Indianapolis; Cecil R. Burket, Bremen; Don F. Cameron, Angola; E. R. Carlo, Fort Wayne; S. M. Casey, Huntington; William B. Challman, Mount Vernon; Gin-chi Chiu, Indianapolis; Verna Christophel, Mishawaka; Clar-

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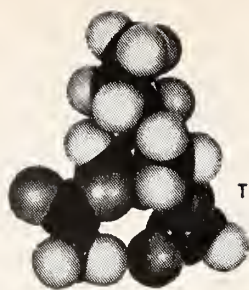
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Tuesday registrants were:

Theodore D. Arlook, Elkhart; C. E. Austin, Anderson; Arnold V. Bachmann, Indianapolis; George R. Bloom, Elkhart; Andrew J. Bacevich, East Chicago; Catherine M. Balkema, Lafayette; Wendell E. Brown, Indianapolis; Robert A. Burger, Hobart; Melville E. CaJacob, Terre Haute; Bertha Rose Carroll, West Lafayette; Elton R. Clarke, Kokomo; Frank H. Cobb, Richmond; Ellen K. Cohen, and Hyman L. Cohen, Hebron; Lathan A. Crandall, Jr., Elkhart; E. R. Eaton, Indianapolis; Ambrose C. Estes, Bloomington; C. Basil Fausset, Indianapolis; Burnell Fischer, Hammond; Norval C. Folkening, Indianapolis; Arthur N. Ferguson, Fort Wayne; R. A. Gaffney, South Bend; Max Gans, Marion; H. Glenn Gardiner, Hammond; Charles M. Gingerick, Liberty Center; Ted L. Grisell, Indianapolis; Bernard R. Hall, Logansport; James B. Hammond, Indianapolis; D. G. Hildrup, Indianapolis; James E. Hull, Lafayette; Eli S. Jones, Hammond; W. U. Kennedy, New Castle; Walter E. Kruse, Fort Wayne; Philip Kurtz, Indianapolis; Donald R. LaFollette, New Albany; Richard E. Lahr, Marion; Otto F. Lehmberg, Columbia City; Ralph U. Leser, Indianapolis; George N. Lewis, Gary; Paul G. Lindenberg, Indianapolis; William C. Link, Bloomington; C. D. Linton, Walkerton; Otis R. Lynch, Marengo; H. E. Martin, Indianapolis; Loren H. Martin, Indianapolis; S. T. Miller, Elkhart; Roy V. Myers, Indianapolis; Jack H. Oster,



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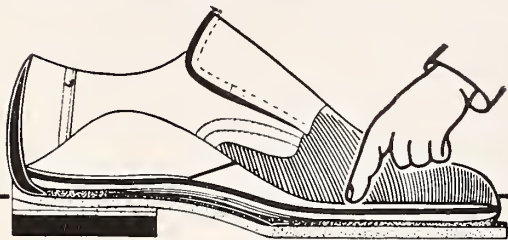


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Others registering Tuesday included:

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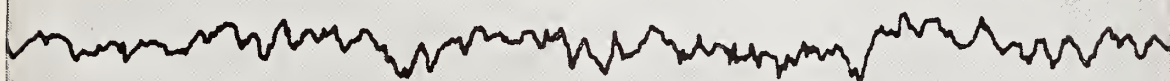
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ton; Kenneth L. Craft, Indianapolis; M. A.
Davidoff, Ossian; Eugene J. DeGrazia, Val-
paraiso; J. E. Dudding, Hope; B. E. Edwards,
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Wilson, Logansport; Clayton E. Wood, Indianapolis; Ansel C. Worley, Fort Wayne; E. F. Wierzalis, Hartford City; M. D. Wygant, Mishawaka.

The final list of registrants published by the AMA included:

Alton J. Backs, South Bend; Douglas A. Bailey, Marion; Joseph A. Bergan, Michigan City; Robert D. Berke, South Bend; David A. Bickel, South Bend; G. C. Boller, Waterloo; John A. Bowers, Kokomo; Leo Ralph Brown, Gary; J. S. Browning, Indianapolis; Mattie J. Bullard, Gary; Truman E. Caylor, Bluffton; T. R. Crawford, Kokomo; Alfred J. Dainko, Whiting; L. J. Danielski, Gary; Wm. L. DeRenne, Newport; Everett Donnelly, South Bend; Joe Dukes, Dugger; L. G. Erickson, South Bend; George E. Gates, South Bend; N. H. Gladstone, Fort Wayne; M. B. Gossard, Tipton; A. Govorchin, Munster; Bruce F. Grotts, Michigan City; E. S. Hayes, Indianapolis; Charles Hertzman, Fort Wayne; Mitchell J. Hetman, Westville; Carroll C. Hyde, South Bend; Earl B. Jewell, Logansport; Frank P. Johnson, Rochester; N. C. Johnson, South Bend; John T. Kemp, Michigan City; Wendell C. Kelly, Anderson; Richard N. Kent, Fort Wayne; John A. Larson, Lafayette; James C. Lee, Terre Haute; L. Mason Lyons, Terre Haute; C. E. McEnany, Terre Haute; Edgar N. Mendenhall, Fort Wayne; Robert A. Milroy, Valparaiso; Edwin G. Moore, Gary; Leland J. Mortenson, Fort Wayne; Robert F. Nagan, Indianapolis; F. D. Nelson, South Bend; James Nissenbaum, Fort Wayne; Jacob E. Pruitt, Gary; W. L. Pugh, Evansville; Ruth F. Rasmussen, South Bend; Roger R. Reed, Anderson; Donald B. Reid, Columbia City; Bonnell M. Souder, Auburn; F. B. Jabaka, LaPorte; John D. Tharp, Culver; H. A. Vore, Highland; Edwin M. Walker, South Bend; Eleanore A. Walters, Gary; Peter V. Westhaysen, Hammond; Richard R. Whereatt, Hammond; A. N. Williams and Bernice M. Williams, Fort Wayne; Vernon B. Beam, East Chicago.

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50 mg. magnesium
trisilicate and
300 mg. aluminum
hydroxide gel. *

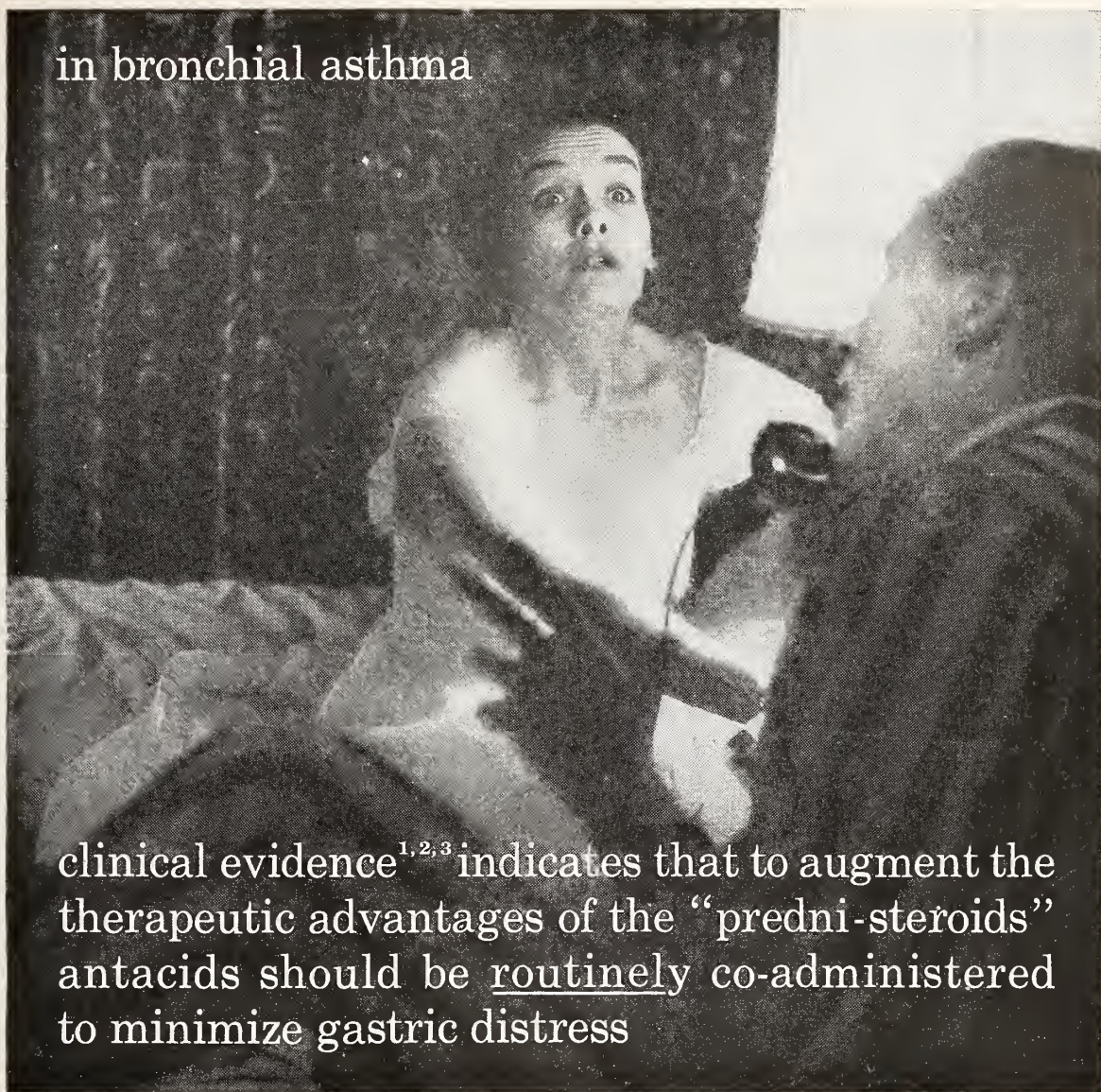
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Clinical evidence^{1,2,3} indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., J.A.M.A. 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, J.A.M.A. 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, J.A.M.A. 158:459, (June 11,) 1955.

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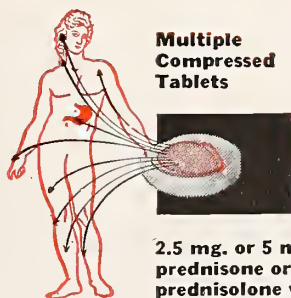
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References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

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prednisone or
prednisolone with
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Deaths . . .

Homer R. McKinstry, M.D., 76, died June 21 in his home at Oaklandon following a long illness.

Dr. McKinstry, who had spent his entire life in the Indianapolis area, was one of the first industrial orthopedic surgeons. He formerly was on the staffs of Methodist and General hospitals and taught orthopedics at Indiana University School of Medicine. Dr. McKinstry was a graduate of DePauw University and received his medical degree from the Indiana Medical College, School of Medicine of Purdue University at Indianapolis in 1906.

Dr. McKinstry was a senior member of Indianapolis Medical Society, and the Indiana State Medical Association.

Theodore S. Schuldt, M.D., 67, Pierceton physician for 35 years, died on July 1 in a Columbia City nursing home operated by his daughter. He had been ill for two months and suffered a cerebral hemorrhage a few days before his death.

Dr. Schuldt was a native of Marshall county, received his degree in medicine from the University of Louisville School of Medicine in 1917 and had been in practice in Pierceton until he became ill.

He was a member of Kosciusko County Medical Society and the Indiana State Medical Association.

Sterling P. Hoffmann, M.D., 71, who had retired recently, died July 4 in Lutheran hospital, Fort Wayne. He had specialized in anesthesiology for several years.

Dr. Hoffmann was a native of Adams county and after his graduation in 1912 from Indiana University School of Medicine he returned to Decatur where he practiced until entering service during World War I. On his return, after serving as a captain in France, he established an office in Fort Wayne and had been in practice there until a few months ago.

Dr. Hoffmann was a member of Fort Wayne (Allen County) Medical Society and the Indiana State and American Medical Associations. He also was active in lodge and church organizations.

Leota M. Spurgeon, M.D., Tipton's only practicing woman physician, died June 27 in her home. She had been ill for two months. Dr. Spurgeon was 75.

Born in Clinton county, Dr. Spurgeon attended Indiana University School of Medicine where she received her degree in 1911. Following internships at Children's Hospital, San Francisco, and in a Boston hospital, she established her practice in Indianapolis where she was in practice until 1938 when she moved to Tipton. She was in practice until becoming ill.

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1. Pomeranze, J. et al.: Angiology, June, 1955.
2. Freedman, L.: Angiology 6:52, Feb. 1955.

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NEWS NOTES — from State and Nation

Mead Johnson Exhibit Wins Billings Gold Medal

A scientific exhibit sponsored by Mead Johnson & Company and St. Mary's Hospital of Evansville won top national honors for presentation and correlation of facts at the American Medical Association convention in Chicago, June 11 to 15.

The award, the Billings Gold Medal, was presented to Dr. W. D. Snively, Jr., vice-president and medical director of Mead Johnson.

Entitled "The Body Fluids in Clinical Practice," the exhibit was presented by Dr. Snively and Dr. Michael J. Sweeney, associate medical director of the firm. Miss Martha Wessner, Mead supervisor of dietetic services, collaborated with the two physicians in preparation of the exhibit.

Dr. Snively and Miss Wessner were co-authors of an article entitled "The A B C's of Fluid Balance" which appeared in the September 1954 issue of The JOURNAL.

Dr. John W. Beeler, Indianapolis, presented a paper on "Aneurysmal Bone Cysts of the Spine" at the meeting of the Section on Radiology June 13 at the AMA convention in Chicago.

Co-authors of the papers presented by Dr. Beeler were Dr. John A. Campbell, professor of radiology at I.U. Medical Center, and Dr. Charles Hellman, former resident at I.U. Medical Center and now on active duty with the USAF.

Dr. Karl L. Manders, who recently completed a residency in neuro-surgery at Henry Ford Hospital, Detroit, is now associated in practice with Dr. C. Basil Fausset, 2901 North Meridian street, Indianapolis. Dr. Manders is a native of Rochester, New York, attended Cornell University, and received his medical degree from the University of Buffalo School of Medicine in 1950. He served internship

and residency at the University of Virginia before going to Ford Hospital in September 1954. He served two years in the U. S. Navy from 1952-1954. Dr. Manders is licensed to practice in Indiana, Michigan and Virginia. He is married and has three children. Mrs. Manders is a registered nurse. Dr. and Mrs. Manders have moved to 215 East 71st street, Indianapolis.

Dr. B. J. Thompson, San Diego, California, became director of laboratories at Marion General Hospital July 1, succeeding Dr. Eugene Wicker, who resigned. Dr. Thompson is a graduate of the University of Pittsburgh School of Medicine where he received his degree in 1949. He served a year's rotating internship at Fresno (Calif.) County Hospital and then was recalled by the army for 17 months. He is a veteran of both World War II and the Korean conflict. Dr. Thompson served a two-year residency at Kern General Hospital, Bakersfield, California, and the final two years in pathology at Mercy Hospital, San Diego. He is married and has two children.

Dr. Harold B. Lehman, who has been in practice in Berne since 1948, closed his offices there July 15 and moved with his family to southern Indiana where he will serve as plant physician for the Goodyear Engineering Corporation at Charlestown. Dr. Lehman, a 1945 graduate of I.U. School of Medicine, was in military service from 1946 to 1948. He was serving as president of Adams County Medical Society this year and had been active in many community activities.

Dr. S. C. Welty, Fort Wayne, was recently elected president of the National Eclectic Medical Association at the 108th annual convention of the organization in Cincinnati.

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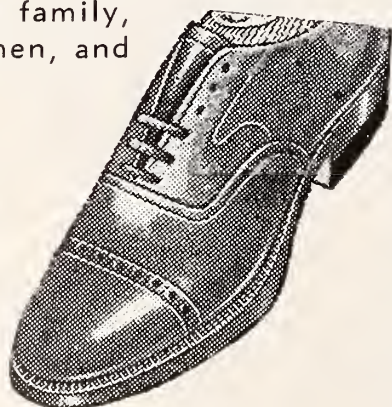
*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

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Nearly Half of I.U. Medical School Graduates Intern in State

Sixty-four members of the graduating class of 140 at I.U. School of Medicine will serve their internships in Indiana hospitals, Dean John D. VanNuys announced. That represents a 10% increase over 1955.

Indiana hospitals receiving interns include the Indiana University Medical Center Hospitals, Indianapolis General, Methodist and St. Vincent's in Indianapolis; Ball Memorial Hospital, Muncie; Methodist and St. Mary's Hospitals, Gary; and Memorial Hospital, South Bend.

Dr. Elton Heaton, Pleasureville, Kentucky, is now associated in practice in Huntingburg with Dr. F. P. Williams. Dr. Heaton is a graduate of the University of Louisville, interned at the U. S. Naval Hospital at Portsmouth, Virginia and served two years with the navy in Morocco, holding the rank of lieutenant. He is married and with Mrs. Heaton and their two children is now living on Geiger street, Huntingburg.

Dr. Robert Kopecky, Beech Grove, was discharged from the U. S. Navy June 15 and resumed his practice with Dr. John W. Deever at 4131 Shelby street, Indianapolis.

Dr. Allen W. Aldred, who will complete his service in the U. S. Navy in the fall, has announced he will not return to Rising Sun to resume his practice. He writes from the Oakland Naval Hospital, San Leandro, California, that he has accepted an offer to join the staff of the Milan Clinic and will go there promptly on completion of his military obligation.

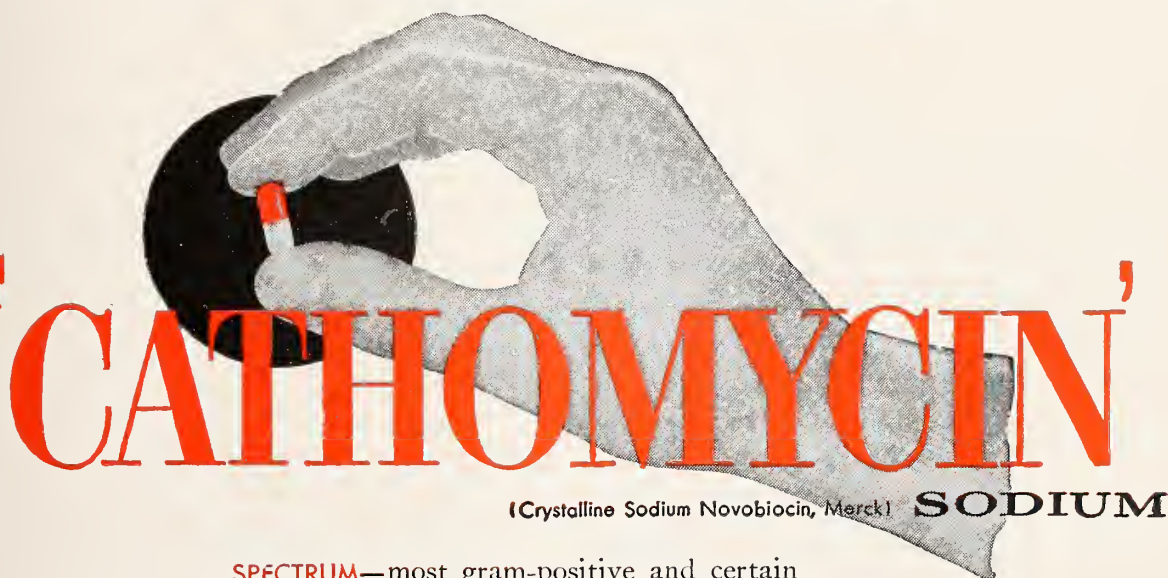
Dr. Richard K. Parrish, a native of Decatur and in practice there for the last 10 years, has entered a two-year residency in ophthalmology at Indiana University Medical Center, Indianapolis. Dr. Parrish received his medical degree from I.U. School of Medicine in 1941.

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SPECTRUM—most gram-positive and certain gram-negative pathogens.

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TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

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Pan-Pacific Surgical Association Will Hold 1957 Meeting in Hawaii

The Seventh Congress of the Pan-Pacific Surgical Association will be held in Honolulu, Hawaii, November 14-22, 1957. All members of the profession are invited to attend and urged to make early reservations.

An outstanding scientific program by leading surgeons with sessions in all divisions of

surgery and related fields promises to be of wide interest.

Information and brochures may be secured from Dr. F. J. Pinkerton, Director General of the Pan-Pacific Surgical Association, Room 230, Young Building, Honolulu, Hawaii.

Congress of Physical Medicine and Rehabilitation to Meet September 9-14

The 34th annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held in The Ambassador, Atlantic City, September 9-14.

All sessions are open to members of the medical profession in good standing with the American Medical Association.

Instruction seminars will be open to physicians as well as registered therapists.

Full information may be obtained by writing Dorothea C. Augustin, Executive Secretary, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

Dr. Robert R. McGee, formerly of Howells, Nebraska, is now associated in general practice with Dr. Frank C. McDonald at New Castle. Dr. McGee is a graduate of the University of Nebraska Medical School in 1950. Following his internship at Gorgas Hospital in the Canal Zone he returned to Howells and has been in general practice there for the last five years. Dr. and Mrs. McGee and their five children are now making their home in New Castle.

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Indianapolis Native Joins Norways Staff

Dr. Robert O. Bill joined the Norways Foundation Hospital staff on July 1 as director of psychotherapy.

Dr. Bill is a native of Indianapolis. In 1942 he received his Doctor of Medicine degree from Indiana University School of Medicine. He interned at Indianapolis General Hospital in 1942 and 1943. He received his psychiatric training at the U. S. Navy Hospital, Bethesda, Maryland and as a resident physician and fellow in the Menninger Foundation School of Psychiatry.

Since 1949 Dr. Bill has been a member of the faculty of the Menninger Foundation School of Psychiatry and since 1950 a candidate, Topeka Institute of Psychoanalysis. From 1953 to this year he has been director of the Shawnee Guidance Center in Topeka, Kansas.

Dr. Bill is married and has three daughters. He will reside at 4002 North Pennsylvania Street in Indianapolis.

Dr. Henry R. Schroeder, Jr., who completed a three-year residency in obstetrics and gynecology at St. Joseph's Infirmary, Louisville, on July 1 has reopened his offices in Washington at 101 N.E. First Street where he will specialize in obstetrics and gynecology. Dr. Schroeder was graduated in 1946 from the University of Louisville School of Medicine. He was in general practice in Washington for four years before going into residency.

The **American Urological Association** offers an annual award of \$1,000 in three prizes of \$500, \$300, and \$200 for essays on the result of some clinical or laboratory research in urology. Competition is limited to urologists who have been graduated not more than 10 years, and to hospital interns and residents doing research work in urology.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held in the Hotel William Penn, Pittsburgh, May 6-9, 1957.

For complete information write William P. Didusch, Executive Secretary, 1120 North Charles Street, Baltimore, Maryland. Deadline for submission of essays is December 1, 1956.

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Draft Board Examiner: No, but they can take you where the fighting is and let you use your own judgment.

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Surgical Technic, Two Weeks, September 17, October 29
Surgical Anatomy & Clinical Surgery, Two Weeks, October 1
Surgery of Colon & Rectum, One Week, September 17
General Surgery, One Week, October 22
Thoracic Surgery, One Week, October 1
Esophageal Surgery, One Week, September 24
Breast & Thyroid Surgery, One Week, October 22
Gallbladder Surgery, 3 Days, October 29
Fractures & Traumatic Surgery, Two Weeks, October 15

GYNECOLOGY & OBSTETRICS—

Obstetrics & Gynecology, Three Weeks, October 22
Office & Operative Gynecology, Two Weeks, September 17
Vaginal Approach to Pelvic Surgery, One Week, September 10

MEDICINE—

Electrocardiography & Heart Disease, Two Week Basic Course, October 8; One Week Advanced Course, September 17
Internal Medicine, Two Weeks, September 24
Gastroscopy & Gastroenterology, Two Weeks, September 10
Gastroenterology, Two Weeks, October 22
Dermatology, Two Weeks, October 15
Cardiology (Pediatrics), Two Weeks, November 5

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, September 17
Clinical Uses of Radioisotopes, Two Weeks, October 8

UROLOGY—Two Week Course, October 8

Cystoscopy, Ten Days, by appointment.

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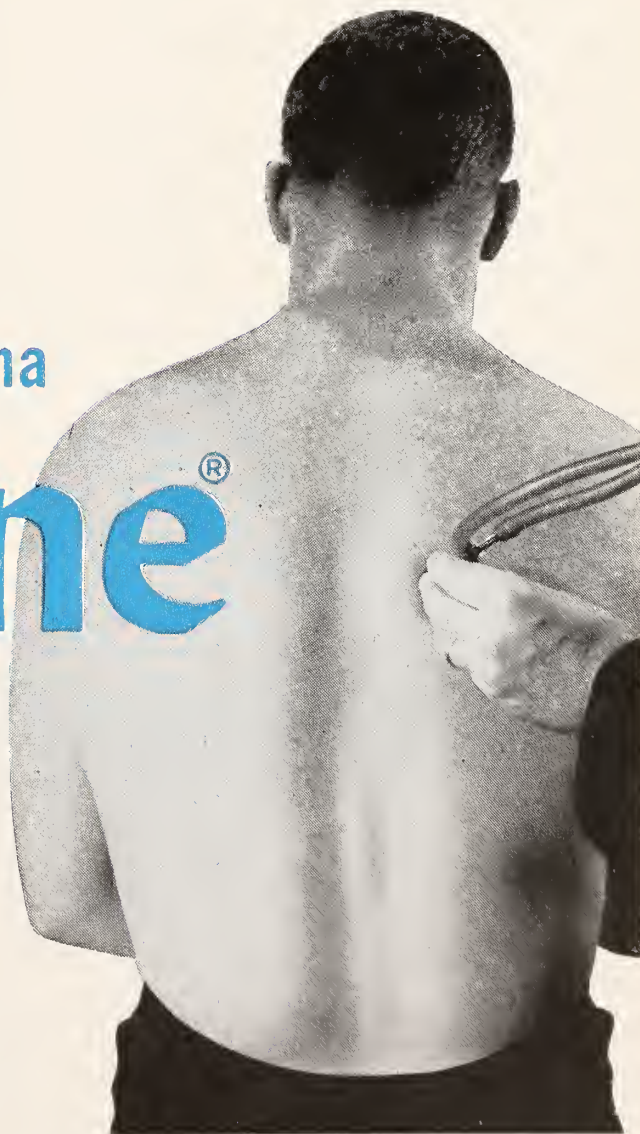
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Supplied : White, 5 mg. oral tablets, bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100. Both deep-scored.

1. Johnston, T. G., and Cazort, A. G.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

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Indiana Physicians Become Fellows of ACCS in Chicago

Seven Indiana physicians received their certificates of Fellowship in the American College of Chest Physicians June 9 at the convocation during the 22nd Annual Meeting of the organization. Those presented certificates were Drs. Richard W. Artz, Angola; E. J. Berman, J. K. Berman, George S. Bond, Arvine G. Popplewell and Arthur B. Richter, all of Indianapolis; and William W. Kriebel, Terre Haute.

Registration of 1,400 physicians and guests was reported. Fellowships were granted to 250.

Dr. Herman J. Moersch, Rochester, Minnesota, assumed the presidency, succeeding Dr. James Stygall, Indianapolis.

Dr. Jerome V. Pace, Rockville, is governor of the College for Indiana.

Dr. William R. Dutchman, who has been in private practice in Camp Hill, Pennsylvania since December 1953, has opened an office at 113 North Iowa street in Chandler. He was graduated in 1948 from Western Reserve University School of Medicine, Cleveland. He served a year in the regular army during World War II and two years in the U. S. Air Force as a captain during the Korean conflict. Mrs. Dutchman is a former resident of Boonville. Dr. and Mrs. Dutchman and their three children are living at 520 North Second Street in Chandler.

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1. Braceland, F.J.: Texas State J. Med. 51:287 (June) 1955.

2. Lemere, F.: Northwest Med. 54:1098 (Oct.) 1955.



anti-anxiety factor with muscle-relaxing action

**Dr. Roscoe L. Sensenich
Retires from Active Practice**

Although he recently closed his office in the JMS Building, South Bend, where he was the first tenant in 1910, Dr. Roscoe L. Sensenich plans to go right on learning more about medicine. His retirement from active practice at 75, he says, is to permit him time to delve into questions he has left unanswered because of demands upon his time.

Dr. Sensenich, a native of Wakarusa and graduate of Rush Medical College, established his practice in South Bend in 1907. He has served his own St. Joseph County Medical Society in many capacities, was president of the Indiana State Medical Association in 1934-36, was on the Board of Trustees of AMA and later its chairman for several years. His career in the American Medical Association official family was culminated in 1948 by his election as president.

Dr. Sensenich will continue his posts as a consultant in internal medicine with several South Bend institutions.

**Last Eligible Indiana Hospitals
Get Ford Foundation Grants**

Listed among the last group of the more than 3,000 hospitals eligible to receive the first payment of their grants from the Ford Foundation were Elmhurst Hospital, Inc., Angola, \$6,050; Memorial Medical Properties, Inc., operating Memorial Hospital, Colum-

bia City, \$5,000; Memorial Hospital of Dubois County, Jasper, \$15,450; Lafayette Home Hospital, Lafayette, \$33,850; Saint Joseph's Hospital, South Bend, \$50,650; and Community Hospital Association, Inc., at Williamsport, \$5,600.

An additional 350 requests are still being processed.

In the third and last group mailing 959 voluntary, non-profit hospitals received a total of \$26,080,200. The Foundation planned to complete payment of the first half of the grants soon. The remaining half will be paid in March, 1957.

**LaPorte Physician Retires
After 32 Years in Practice**

Dr. Robert F. Wilcox, physician and surgeon in LaPorte for 32 years, retired July 1 and plans to go to Hollywood, Florida in the fall where he and Mrs. Wilcox will make their home.

Dr. Wilcox became associated with his father, Dr. F. T. Wilcox, in practice in LaPorte in 1924. The elder Dr. Wilcox died in 1936.

The Wilcox office built by Dr. F. T. Wilcox in 1892 will be taken over by Dr. H. D. Hinshaw, Connersville, a graduate of Indiana University School of Medicine who recently completed his internship at the I.U. Medical Center. Dr. and Mrs. Hinshaw will reside at 1226 Michigan avenue.



**WABASH VALLEY
SANITARIUM—HOSPITAL**

Lafayette, Indiana

Telephone 3-1679

**A hospital for the treatment of
neuro-psychiatric disorders.**

**Custodial cases are accepted in
limited numbers.**

— OPEN STAFF —

JOHN A. LARSON, M.D.
Clinical Director

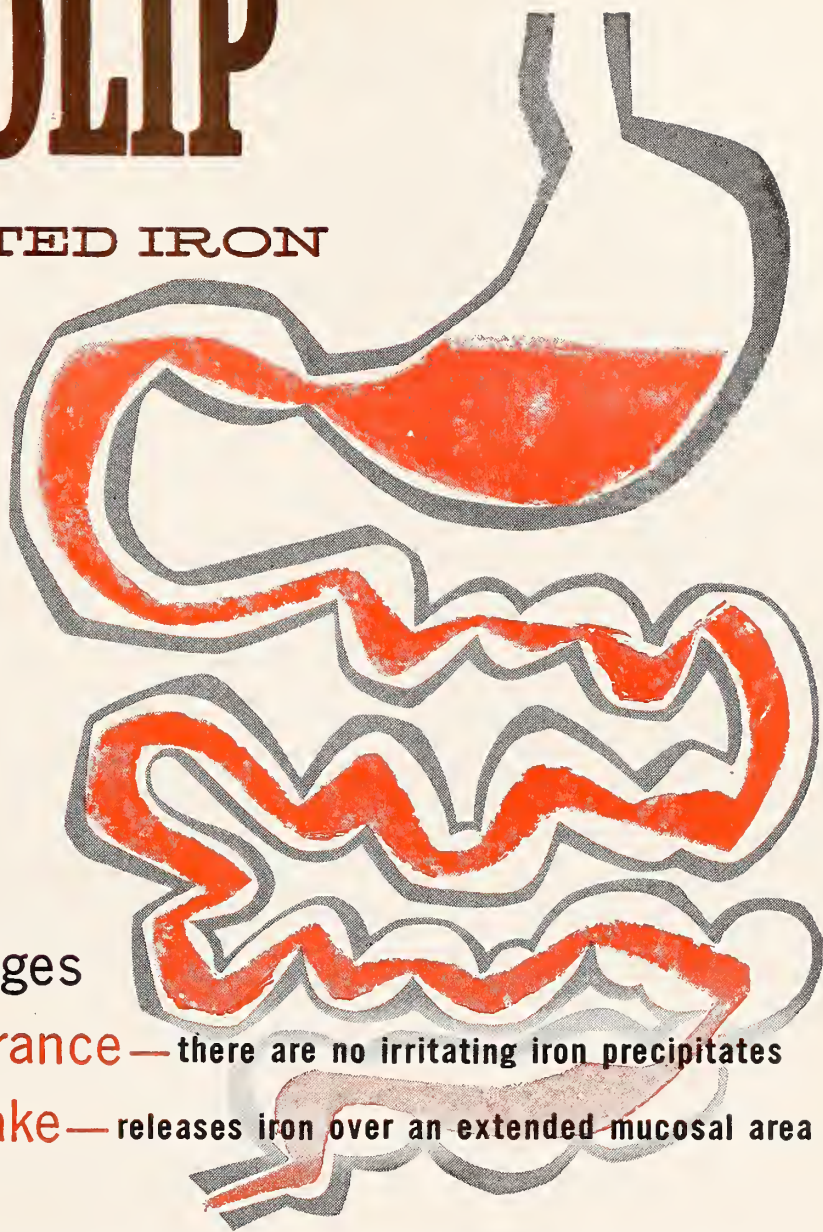
ROY KINZER
Manager

FERROLIP[®]

(Iron Choline Citrate)

CHELATED IRON

remains
in solution
throughout the
full pH range
of the small
intestine,
thus assuring
2 important
clinical advantages



Better Iron Tolerance—there are no irritating iron precipitates

Better Iron Uptake—releases iron over an extended mucosal area

tablets Three FERROLIP* Tablets supply 120 mg. of iron and 360 mg. of choline base.

Dosage for Adults 1 or 2 tablets t.i.d., for Children, 2-6 years, 1 tablet t.i.d.

syrup Six teaspoonfuls of FERROLIP Syrup supply 120 mg. of iron and 360 mg. of choline base

Dosage for Adults 2 to 4 teaspoonfuls t.i.d., for Children, 2-6 years, 1 or 2 teaspoonfuls t.i.d.

drops Each cc. of FERROLIP Drops provides 16 mg. of iron and 48 mg. of choline base. The M.D.R. for infants is 0.5 cc.

supplied Tablets: Bottles of 100 and 1000; Syrup: Pints and gallons; Drops: 30-cc. dropper bottles.

Flint, EATON & COMPANY
Decatur, Illinois

*U. S. Pat. 2,575,611

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

May 22, 1956

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; Elton R. Clarke, M.D.; Kenneth L. Olson, M.D.; O. W. Sicks, M.D.

Albert Stump, attorney; Robert Hollowell, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Treasurer's Office

The treasurer reported on the recent investment of funds. This was approved on motion of Drs. Clauser and Clarke.

Legislative Matters

The secretary reported on national and local legislative issues.

Headquarters Office

The field secretaries reported on their activities during the past month, and visits to county and

district meetings, school health planning conferences, auxiliary meetings, and it was reported that the recording library is now averaging 90 requests per month for tapes as against 50 per month a year ago.

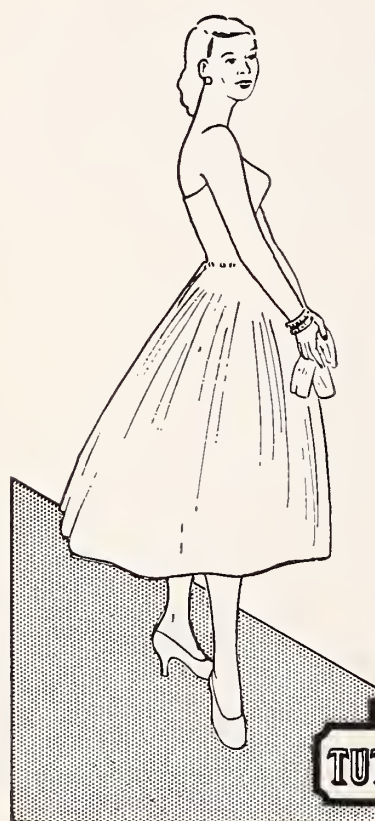
Dr. Clarke announced that Dr. John A. Bowers of Kokomo had been nominated by the Eleventh District to replace Dr. Claude S. Black on the Blue Shield Board.

Dr. Olson reported on the recent trip to Washington and the meeting with the Indiana delegation in Congress, stating he thought the meeting had been worthwhile. He also discussed his visit to the Washington office of the American Medical Association.

107th Annual Convention, Indianapolis, October 16, 17 and 18, 1956

Entertainment contract. The contract submitted by the Entertainment Committee with the Dortha Tarkington Entertainment Service, Kokomo, for the October 16 program, was approved for signature on motion of Drs. Olson and Clauser.

Upon motion of Drs. Clarke and Olson, Dr. Dwight Murray, president of the American Medical



Assurance...

Your most fastidious patient will not hesitate to use this dainty, feminine, yet medically proven specific for vulvo-vaginal infections. Clinically effective in Leukorrhea, Trichomonas and Monilia vaginitis.

Vagimine

VAGINAL INSERTS

Combines 5 gentle but potent anti-microbial agents in buffered, lactose-dextrose base assuring proper pH. Your patient has the assurance of prompt, effective relief at moderate cost ... You have the assurance she will use them as prescribed.

Vagimine Inserts contain:

Phenyl mercuric acetate	3.5 mg.	Tyrothricin	0.5 mg.
9-aminoacridine hydrochloride	2.0 mg.	Hyamin 10X	2.0 mg.
Methyl para hydroxybenzoate	7.0 mg.	Succinic acid	15.0 mg.
Buffered Lactose-Dextrose base q. s.			

Literature and Sample on request

S. J. TUTAG & COMPANY

19180 MT. ELLIOTT AVENUE
DETROIT 34, MICHIGAN

DOCTORS EVERYWHERE NOW KNOW WHY

Viceroy's Are Smoother

THE VICEROY TIP HAS ...

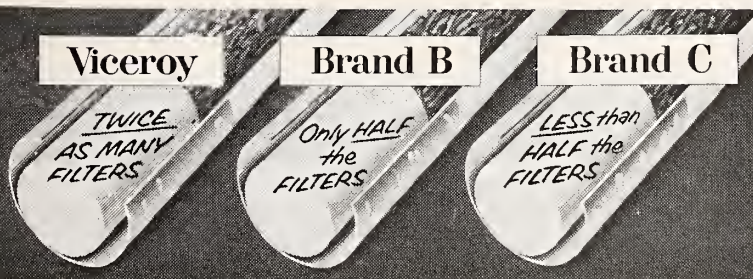
**TWICE
AS MANY
FILTERS**



Professional men who have studied the microscopic analysis of the Viceroy filter now know why the Viceroy taste is smoother—never rough. Only Viceroy has 20,000 tiny filters in every tip—twice as

many filters as the other two largest-selling filter brands. That is why Viceroy's are smoother by far—never, never rough. That is why so many doctors now smoke and recommend Viceroy's.

**Yes, smoother taste because there are
TWICE AS MANY FILTERS
IN EVERY VICEROY TIP**
as the other two largest-selling filter brands!



Viceroy's exclusive filter is made from pure cellulose—soft, snow-white, natural!

Association, is to be invited to attend the convention and to address the House of Delegates Thursday morning, and to attend the banquet Thursday evening. If Doctor Murray is unable to attend, he is to be asked to send the president-elect.

Organization Matters

Letters from the Veterans Administration regarding the new fee schedule was read and approved by consent.

The resolution submitted by the Committee on Medical Care Insurance to the Executive Committee was discussed, and the committee is to be informed that it might send this out as a question-

naire on a survey basis but not as a recommendation of the Association or the committee.

Interprofessional Committee on Eye Care. On motion of Drs. Olson and Sicks the Association is to reaffiliate with the Interprofessional Committee on Eye Care. This action was taken as a result of a letter over the signature of W. B. Matthew, M.D., in which he stated that the members of the Conservation of Vision Committee and the Academy of Ophthalmology and Otolaryngology at its meeting at Culver on May 2 and 3, 1956, has recommended this action.

Letter from Dr. Richard P. Gripe regarding the proposed study known as the Purdue Farm Cardiac Research Project was read and upon motion of Drs. Clarke and Sicks, the committee approved the plan and voted to commend Doctor Gripe for his fine presentation.

New Business

Mr. Hollowell brought up the matter of the formation of a code of cooperation between the medical and legal professions, stating that some work had been started on this during Dr. Portteus' term. Following discussion and upon motion of Drs. Olson and Clarke, the committee voted to ask the president to appoint a special committee of three to begin work on developing such a code and to report back to this committee on progress.

The Journal

Report on advertising was approved by consent:

Total advertising, May, 1956.....\$3,468.65

Total advertising, May, 1955..... 3,103.70

Increase\$ 334.95

Net gain to date over same period 1955--\$1,743.54

Future Meetings

AMA annual session, Chicago, June 11 to 15, 1956. The committee instructed both field secretaries to attend this meeting.

Letter from the American Medical Association regarding the forthcoming National Medical Civil Defense Conference, to be held on Saturday, June 9, in Chicago, was read, and by consent it was agreed to ask Dr. Glen Ward Lee, chairman of Civil Defense Committee, to attend this conference.

There being no further business, the committee adjourned to meet again at 5:30 p.m., Wednesday, June 20, 1956, in the Student Union Building, Indianapolis.

EXECUTIVE COMMITTEE

June 20, 1956

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. U. Kennedy, M.D.; Elton R. Clarke, M.D.; Kenneth L. Olson, M.D.

Frank B. Ramsey, M.D.; Albert Stump, attorney; Robert Hollowell, attorney; Robert J. Amick and

Indiana Brace Shop

- ★ ORTHOPEDIC BRACES AND APPLIANCES
- ★ ARCH SUPPORTERS
- ★ ELASTIC HOSIERY
- ★ CAMP ANATOMICAL SUPPORTS
- ★ SPLINTS AND SURGICAL BELTS

All equipment made on recommendation or prescription of the doctor.

T. M. DAVIDSON & M. E. MILLER,
CERTIFIED ORTHOTISTS

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Indianapolis 4, Indiana

for CHILDREN with EDUCATIONAL and ADJUSTMENT PROBLEMS

- ... a private resident school for children of average or superior intelligence whose psychological difficulties impair their learning abilities and school progress.
- ... enrolling children from seven to fourteen years of age. Coeducational. Small classes. Remedial reading. Brochure on request.
- ... provides a program of education with psychotherapy.
- ... out-patient psychiatric evaluation and consultation for children.

ANN ARBOR SCHOOL

A. H. Kambly, M.D., Director

411 First National Building Ann Arbor, Mich.

HARD-TO-KILL TRICHOMONADS

EXPLODE

WITHIN 15 SECONDS' CONTACT
WITH VAGISEC LIQUID

WITH THE Davis technique,[†] using VAGISEC[®] liquid and jelly, flare-ups of vaginal trichomoniasis rarely occur. VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.¹ Better than 90 per cent apparent cures follow use of this new trichomonacide,² developed as "Carlendacide" by Dr. Carl Henry Davis, noted gynecologist and author, and C. G. Grand, research physiologist.³

No trichomonad escapes—The overwhelming action of VAGISEC liquid dooms the trichomonad. One chelating agent and two surface-acting agents combine in attack to weaken the cell membrane, to remove waxes and lipid materials from the membrane surface, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

No other agent or combination of agents kills the trichomonad in this specific fashion or with the *speed* of VAGISEC liquid.³ When the patient uses VAGISEC jelly as well—the recommended routine—these good effects continue indefinitely.⁴

Reaches hidden trichomonads—Unlike many agents, VAGISEC liquid thoroughly penetrates and dissolves the cellular debris and mucoid material lining the vaginal surface.³ It reaches hidden trichomonads—often the cause of treatment failure—as well as parasites swimming freely in the canal.

The Davis technique—Office therapy with VAGISEC liquid is combined with home treatment. Both liquid and jelly are prescribed.

OFFICE TREATMENT—*Wipe vaginal walls dry with cotton balls, then wash thoroughly for about three minutes with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton balls. Dr. Davis recommends three treatments the first week, two the second and one the third.*

HOME TREATMENT—*Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual periods, but omitted on office treatment days. Douching is contraindicated in pregnancy.*

Husband re-infects wife—Since "trichomonads may be passed from the infected male to the uninfected partner during coitus,"⁵ prevent re-infection by recommending the use of prophylactics. Specify RAMSES,[®] the finest possible rubber prophylactic, transparent, very thin yet strong; or XXXX (FOUREX)[®] skins, of natural animal membrane—pre-moistened. Your prescription of one of these brands insures the protection afforded by Schmid quality prophylactics and assures full acceptance of your regimen. At all pharmacies.

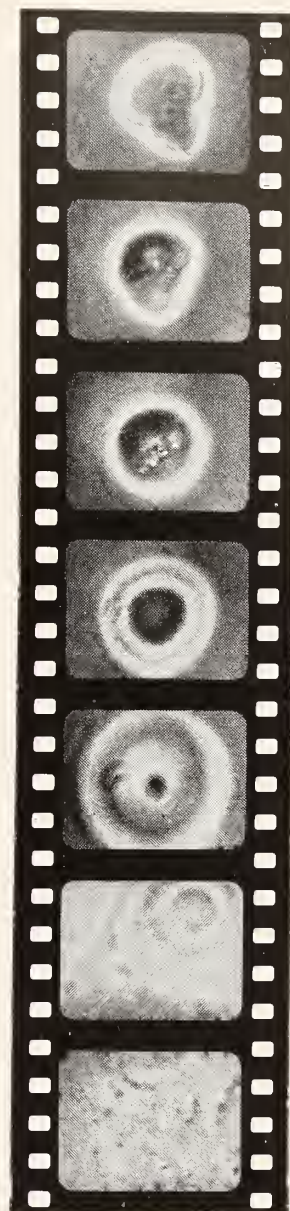
Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

VAGISEC, RAMSES and XXXX (FOUREX) are registered trade-marks of Julius Schmid, Inc.

[†]Pat. App. for

JULIUS SCHMID, INC.
gynecological division

423 West 55th St., New York 19, N. Y.



Top to bottom:

- 2 sec. CONTACTS
- 4 sec. COMPLEXES
- 6 sec. DISSOLVES
- 8 sec. DENATURES
- 10 sec. SWELLS
- 15 sec. EXPLODES
- 16 sec. SCATTERS

References: 1. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955. 2. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955. 3. Davis, C. H., and Grand, C. G.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, Md., W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Draper, J. W.: Internat. Rec. Med. 168:563 (Sept.) 1955.

Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Headquarters Office

On motion of Drs. Kennedy and Clauser the secretary was instructed to purchase an air conditioner, carpet, and furniture for the conference room in the headquarters office.

Report on the A.M.A. meeting was accepted by consent.

The field secretaries, Mr. Amick and Mr. Bush, informed the committee that they had completed attendance at society and district meetings in their respective areas and now that most of the societies are inactive during the summer, they will be spending their time in calling on candidates for the state legislature.

Treasurer's Office

The following report, submitted by the treasurer, was read:

Student Loan Fund. \$10,000 from the General Fund, \$16.00 donation in memory of Dr. Carl B. Sputh, and a check from E. S. Jones, M.D., for \$184.03, have been deposited in the Student Loan Fund, making a total of \$10,200.03. Expenditures to date include purchase of U. S. Treasury Bills, \$4,968.15, and printing, \$110.25; total expense, \$5,078.40. Cash balance in Fund June 20, 1956—\$5,121.63.

Statement of Receipts and Expenditures for May for the Association was approved.

Annual Convention, Indianapolis, October 16, 17 and 18, 1956

Liability insurance. On motion of Drs. Kennedy and Olson the secretary was instructed to purchase liability insurance for the annual convention in the amounts of \$100,000 and \$300,000.

Speakers' expenses. The secretary reported on the survey made of the adjoining states relative to their policy of payment of travel and hotel expenses and honoraria for speakers for their annual meetings. The secretary was instructed to pay commercial travel expense, hotel and incidental expenses of speakers only.

The general scientific and entertainment program was approved by consent.

The secretary informed the committee that the Academy of General Practice had informed him that they would approve the instructional courses for credit for general practitioners, and there was a good possibility the entire scientific program could be approved for credit purposes.

Organization Matters

Request of the United States Treasury Department for use of the mailing list was approved by consent.

Compensation law. The report of the Committees on Industrial Health, Liaison with Labor, and Public Policy and Legislation on the model compensation law, on which the Indiana State Chamber of Commerce had asked the State Medical Association to prepare a report on the medical section, was read and approved for transmittal to the State Chamber of Commerce as the State Medical Association's opinion on this model law.

The secretary presented a letter from Mr. Stump, which was attached to a proposed bill to be presented at the 1957 session of the state legislature. The bill provides for transferring from the township trustee the responsibility for medical and hospital payments to the county welfare departments. Upon motion of Drs. Olson and Clauser this matter was referred to the Council without recommendation.

Report received from the American Medical Association on the National Science Fair, in which the Indiana State Medical Association was highly complimented, was read to the committee for its information.

The Journal

Report on advertising was approved by consent:

Total advertising, June, 1956 ----- \$3,278.91

Total advertising, June, 1955 ----- 3,241.33

Net gain ----- \$ 37.58

There being no further business, the committee adjourned to meet again at 6:30 p.m., Saturday, July 28, 1956, in the Student Union Building, Indianapolis.

The Norbury Sanatorium

**Established 1901—Incorporated
Licensed—Jacksonville, Illinois**

FRANK GARM NORBURY, A.M., M.D., Medical Director

HENRY A. DOLLEAR, M.D., Superintendent

FRANK B. NORBURY, M.D., Associate Physician

Operating

Maplecrest—

Restful, congenial homelike surroundings are combined with the most modern diagnostic and therapeutic equipment.

Maplewood—

Most comfortable home for individuals requiring rest, scientific diagnosis and treatment. Fireproof construction.

District Meeting Reports

SECOND COUNCILOR DISTRICT

The Second District Medical Society was entertained by the Daviess-Martin County Medical Society in the Elks Club in Washington on May 17.

The scientific program was presented in the afternoon with Dr. Robert Rang, president, introducing the guest speakers.

Dr. David Gastineau, assistant professor of radiology at Indiana University School of Medicine, presented an excellent paper on the "Current Status of Radioisotopes in Diagnosis and Therapy."

Dr. William H. Wood, clinical director of Norways Foundation Hospital, Indianapolis, discussed "Psychiatry in General Practice" in an interesting manner.

At the 5 p.m. business session, the society accepted the invitation to hold the 1957 meeting in Green county with that county society as host. Dr. Sam I. Rotman, Jasonville, was elected district president, and Dr. J. S. Brown, Car-

lisle, was reelected secretary. He has served in that post almost continuously since 1922. Dr. C. Philip Fox, Washington, was elected to succeed himself as director for Blue Shield from the district.

A brief talk was given at this time by L. H. Converse, Blue Shield representative.

Dinner was served to approximately 40 members and guests after which Dr. Walter U. Kennedy, president of Indiana State Medical Association, gave an entertaining and instructive talk.

THIRD COUNCILOR DISTRICT

Dr. William H. Robinson, Mitchell, was named president of the Third District Medical Society at the annual meeting May 16 at the French Lick-Sheraton Hotel. Dr. Joseph C. Dussard, Bedford, was elected secretary and Bedford was chosen as the site for the 1957

TELEX, Creators of the Finest Precision Hearing Aids

OUR Policy embraces the belief that the Diagnosis and Treatment of Deafness lies within the special province of the Physician and, particularly, of the Otologist. We believe that our services complement those of the medical profession, therefore TELEX will always conduct its business so as to merit the Doctor's confidence.

- Audiometric Service.
- TELEX Hearing Aids range in price from \$99.00 to \$279.00, meeting the needs of all types of hearing losses.
- Custom ear molds are made at no extra charge with each hearing aid fitted. Bone conduction fitting, small additional charge.
- Convenient time payments are available.

V. C. HELM

TELEX Hearing Center

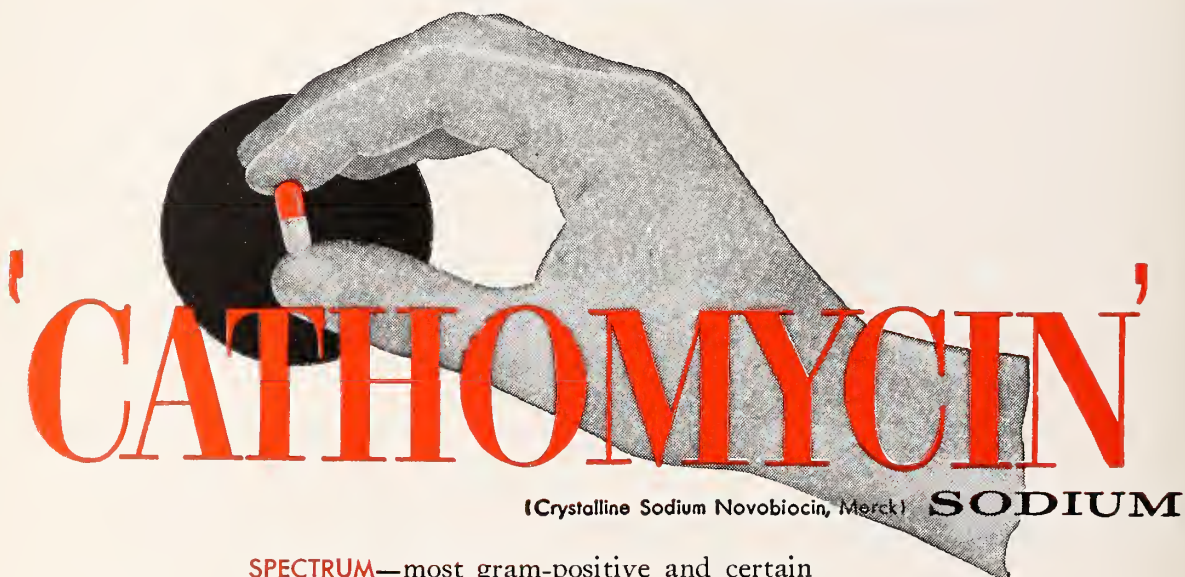
41 E. Washington St., Suite 406 ● Tel. ME 2-0316 ● Indianapolis 4, Ind.

NOW AVAILABLE...

**a unique new antibiotic
of major importance**

**PROVED EFFECTIVE AGAINST
SPECIFIC ORGANISMS**
(staphylococci and proteus)

**RESISTANT TO ALL OTHER
ANTIMICROBIAL AGENTS**



SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris*, including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' is a trademark of Merck & Co., Inc.



MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

Keeping alive a tradition established at the first district meeting of the Fourth District Medical Society, members this year boarded an Ohio River boat for a cruise and dinner aboard. The party of nearly a hundred left Aurora and spent several hours aboard.

Officers and special guests shown at top right include Dr. Joseph E. Dudding, Hope, Fourth District councilor; Mrs. William R. Tindall, Shelbyville, president of the Woman's Auxiliary to ISMA; Mrs. Joe R. Black, Seymour; Mrs. Dudding; Mrs. J. A. Waggener, Franklin; Dr. Black; and Dr. W. U. Kennedy, New Castle, president of ISMA.

Other photographs show group enjoying the scenery on deck, Mrs. Dudding and James A. Waggener, executive secretary of ISMA; having southern fried chicken and just relaxing aboard.



meeting which will be held on May 15. Dr. John Paris, New Albany, was named district Blue Shield director.

Dr. Robert Lich, Louisville, presented the scientific program, speaking on "Management of Urinary Tract Infections."

James A. Waggener, executive secretary of ISMA, spoke on certain threats to private medical practice.

Fifty-one members, guests and wives attended the annual meeting.

when Dr. J. E. Dudding, Hope, was named councilor; Dr. G. S. Row, Osgood, vice-councilor; Dr. Winship C. Callaghan, Greensburg, district president; Dr. William A. Johnson, North Vernon, vice-president; and Dr. Robert A. Porter, Westport, secretary-treasurer. The 1957 meeting will be held in Greensburg.

A panel of Cincinnati cardiac surgeons and cardiologists presented the scientific program, discussing "New Advances in, and Medical Indications for Cardiac Surgery." Panelists were Drs. S. L. Mendez, J. A. Helmsworth and Daniel Rivers.

At 3:30 Society and Auxiliary members and their guests motored to the river front and boarded the Johnson Party boat from Cincinnati for a river cruise and chicken dinner aboard. Ninety-seven persons enjoyed the trip. Dr. G. H. Kammen, Seymour, who was 86, carried with him a program of the first district meeting held at Aurora and the boatripe on the steamer Kentucky.

Physicians from 10 counties attended the meeting. Dr. L. M. Baker was chairman of the

FOURTH COUNCILOR DISTRICT

The 52nd Annual Assembly of the Fourth District Medical Society convened May 2 at 9 a.m. in the Dearborn Country Club at Aurora. The morning program included a golf tourney for the men and luncheon at the club, and a tour of the Thatcher Glass factory, cards and a luncheon at the home of Dr. and Mrs. Leslie M. Baker in Aurora for Auxiliary members.

The delegates meeting was held at 1 o'clock



EMERGENCY!

in acute episodes
of senile agitation

THORAZINE*

produces a prompt,
dramatic calming effect

'Thorazine' is available in ampuls, tablets and syrup, as the hydrochloride; and in suppositories, as the base.

'Thorazine' should be administered discriminately and, before prescribing, the physician should be fully conversant with the available literature.

always carry 'Thorazine' Ampuls in your bag

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

golf program, and Dr. J. K. Jackson, Aurora, of the afternoon program.

SIXTH COUNCILOR DISTRICT

Members of the Sixth District Medical Society elected Dr. Frank Green, Rushville, president, to succeed Dr. William R. Tindall, Shelbyville, at the annual district meeting in Forest Hills Country Club, Richmond, May 3. Dr. H. N. Smith, Brookville, was elected vice-president, and Dr. Frank Lewis, Liberty, secretary-treasurer. The 1957 meeting will be held in Brookville.

The business meeting was held on convening at 10:30.

Luncheon was served in the club to Medical Society and Auxiliary members with about 75 in attendance.

The scientific program began at 1:30 with Dr. George B. Hayden of the Department of Gynecology, University of Cincinnati College of Medicine, speaking on "Endometriosis." A discussion followed his talk.

Other speakers were Dr. Mark Upson of the Department of Internal Medicine, University of Cincinnati, whose paper was on "Steroid Therapy in Various Medical Problems"; and Dr. Taylor Asbury, of the Department of Ophthalmology at Cincinnati U. General discussions followed each paper.

Auxiliary members held their business meeting in the YWCA Centennial room in the morn-

Officers and members of the Sixth District Medical Society are pictured at the annual meeting recently at the Richmond Country Club.

Left to right, top, Drs. Glen Ward Lee, Richmond; H. N. Smith, Brookville; J. F. Lewis, Liberty; Harry P. Ross, Richmond, councilor; Frank H. Green, Rushville, president; and W. R. Tindall, Shelbyville, immediate past president.

Center, Mrs. Joe Dudding, Hope, president-elect of ISMA Auxiliary; Dr. Leslie Laird, Richmond; and Mrs. W. R. Tindall, Shelbyville, president of ISMA Auxiliary.

Lower picture shows Mrs. R. C. Miller, Shelbyville; Mrs. Wilson Dalton, Shelbyville; Mrs. Morris Wertenberger, Richmond; Mrs. Glen Ward Lee, Richmond, State Auxiliary secretary; and Mrs. Leslie Laird, Richmond.





*A Private Institution for the Treatment of
Alcoholism and Drug Addiction*

THE RETREAT

41 WEST THIRTY-SECOND STREET

INDIANAPOLIS 8, INDIANA

WAlnut 6-3021

AIR CONDITIONED

MODERN METHODS

ing and after luncheon enjoyed a tour of the famous Hill Greenhouses at Richmond.

EIGHTH COUNCILOR DISTRICT

An innovation in district meetings was introduced to members of the Eighth District Medical Society when they were entertained May 23 in the Edgewood Country Club, west of Anderson, by members of the Madison County Medical Society. There was no scientific program.

A golf tourney and trap-shoot were scheduled for the entire afternoon for the men and a golf tourney and bridge party for the Auxiliary members. Dr. W. C. Kelly was chairman for the golf tourney; Dr. Robert Stamper for the trap-shoot; and Mrs. W. C. Kelly for the women's program.

The district business meeting was held at 6 p.m. when Dr. F. W. McDowell, Muncie, was elected president; Dr. Clyde G. Botkin, Muncie, secretary-treasurer; and Dr. Gordon B. Wilder, Anderson, named alternate councilor. The next district meeting will be held in Muncie, date to be determined later.

During the business meeting Dr. Walter U. Kennedy, president of ISMA, spoke on the importance of being both good doctors and good citizens, and reviewed some of the activities of the State Association.

Following a social hour, dinner was served at 7:30. Dr. W. C. Van Ness, Summitville, served as master of ceremonies and program chairman. He presented an unusual program with talented Summitville children and teenagers putting on the show.

Dancing to the music of the Sailboaters Orchestra concluded the program.

NINTH COUNCILOR DISTRICT

Sixty physicians from nine counties held the annual one-day meeting of the Ninth District Medical Society in the Frankfort Country Club on May 24. The program included a round of golf in the morning followed by luncheon at the club. Auxiliary members joined the doctors for lunch.

At the delegates' meeting held at 1:30, Dr. Kenneth Neumann, Lafayette, was elected alternate councilor for the district and Fowler was

chosen as the site of the 1957 annual meeting on May 23. District officers will be the officers of the Benton County Medical Society, hosts for the meeting.

Dr. J. A. Van Kirk, president of Clinton County Medical Society, opened the scientific program at 2:30. Guest speakers were introduced by Dr. R. A. Hedgcock, Frankfort.

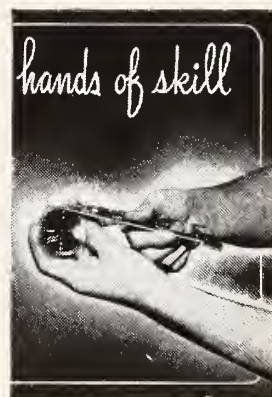
First speaker was Dr. Richard M. Nay, Indianapolis, who spoke on "The Treatment of Congestive Heart Failure," outlining treatment procedures and discussing particularly the use of digitalis.

Dr. Harris B. Shumacker, Jr., Indianapolis, told of several cases in Indianapolis hospitals in which patients benefitted from recently developed types of cardiovascular surgery.

The third speaker was Dr. A. D. Dennison, Jr., Indianapolis, who spoke on "Present Day Treatment of Hypertension." He warned doctors not to lower blood pressure too far or too fast and discussed the effectiveness and dangers of the most commonly used drugs.

At the annual banquet closing the meeting, Donald Bruce, Indianapolis news commentator,

to interpret
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spoke on "The Point of the Sickle." Dr. C. A. Burroughs was toastmaster.

Auxiliary members were given a choice of golf, bridge or an antique tour for the afternoon program.

TENTH COUNCILOR DISTRICT

A combined meeting of the Tenth District Medical Society and the Central States Society of Industrial Medicine and Surgery was held in Gary, May 25, with the Lake County Medical Society acting as host.

During the morning 150 physicians and their wives were taken on a tour of the Gary Works of United States Steel, the world's largest steel mill.

Physicians were entertained at lunch by United States Steel and wives attended a special luncheon at the Hotel Gary where each guest was presented with special Gary Golden Jubilee favors.

During the afternoon three papers on various phases of atomic disasters were presented.

Dr. Oscar P. Hampton, Jr., St. Louis, chairman of the Subcommittee on Trauma, American

College of Surgeons, spoke on the "Mass Casualty Problem."

"Treatment of Burns in Mass Casualties" was discussed by Dr. Michael Mason, professor of surgery, Northwestern University, and attending surgeon, Passavant Hospital, Chicago.

The final speaker was Dr. Edward L. Compere, professor and chairman of the Department of Orthopedic Surgery, Northwestern University Medical School, and chairman of the Department of Surgery, Chicago Wesley Memorial Hospital.

The Central States Society was host for a cocktail party and dinner in the Hotel Gary.

After dinner an excellent discussion of accomplishments and potentialities of a rehabilitation center was presented by Dr. Harold A. Vonachen, president, and Dr. Worley Kendall, medical director, Institute of Physical Medicine and Rehabilitation, St. Francis and Methodist Hospitals Division, Peoria, Illinois. The discussion was of particular interest to district doctors in view of plans for construction of a rehabilitation center at Gary in the fall.

Officers of the Tenth District Medical Society will be elected at the meeting September 12 in Whiting.

ELEVENTH COUNCILOR DISTRICT

Approximately 100 doctors and their wives attended the 97th semi-annual meeting of the Eleventh Councilor District Medical Association on May 16 in Flora. The meeting, planned originally for the Community park, was held in the school auditorium and the community building because of cold weather.

The business session was held at 2 p.m. when officers' reports were presented, routine business transacted, and Dr. Max Adams, Flora, reelected as district councilor. Dr. J. A. Bowers, Kokomo, was renamed to the Blue Shield Board.

The scientific program was open to wives and guests.

A panel discussion on "Music in Medicine" was moderated by Dr. C. L. Wise, Camden. Mrs. Patricia Cary, director of musical therapy at Logansport State Hospital, spoke on "Emotional Impact of Music" and Dr. Harley Frey, Lafayette, discussed "Physical Impact of Music." "Practical Applications" was the phase of the topic discussed by Dr. Forrest Babb, Stockwell. Richard Marsh, Indianapolis, spoke on "Records and Their Selection" and a question and answer

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*Moyer, J. H., and others:
J. Chronic Dis. 2:670, 1955.

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period followed. Mr. Marsh, representing The Golden Ear, Inc., of Indianapolis and Lafayette, then gave a demonstration of high fidelity music.

A barbecue, prepared by Indianapolis caterers, preceded the evening program when Dwight Lesh, Delphi, presented a talk on "Handwriting and What It Reveals."

TWELFTH COUNCILOR DISTRICT

Dr. C. Jules Heritier, Columbia City, was named president of the Twelfth District Medical Society at the annual meeting held May 16 in the Fort Wayne Chamber of Commerce. Serving with him will be Dr. Milton F. Popp, Fort

Wayne, vice-president, and Dr. Floyd B. Kantzer, Garrett, secretary.

The business meeting was held at 5 p.m. followed by a cocktail hour and dinner and entertainment. Members enjoyed golf at the Elks Country Club during the afternoon.

Dr. Frank G. Dickinson, director of the Bureau of Economic Research of the American Medical Association, was the after dinner speaker.

Dr. Kenneth L. Olson, South Bend, chairman of the council of Indiana State Medical Association, spoke briefly on matters pertinent to the medical profession and activities of the state association.

News from the County Societies

Seven members of **Gibson County Medical Society** and four guests attended a dinner meeting June 13 in the Emerson Hotel in Princeton. The group heard several scientific recordings and held a brief business meeting during which insurance schedules were discussed.

The **Greene County Medical Society** held a business meeting July 12 in the Freeman Greene County Hospital at Linton. Twelve members attended.

Eight members of the **Jefferson-Switzerland County Medical Society** attended a noon luncheon in the Elks Club at Madison on June 1. An informal discussion of local matters was followed by a brief talk by Robert J. Amick, field secretary for Indiana State Medical Association. Mr. Amick talked on current legislation and medical services.

Dr. Edward B. Smith, professor of pathology at Indiana University School of Medicine, and Dr. Orville Bailey, I.U. professor of neuropathology, were guest speakers at the May 22 meeting of the **Indianapolis Medical Society** in White Cross Guild Auditorium, Methodist Hospital. Members of the Indianapolis Bar Association were special guests.

Dr. Smith presented an interesting paper on "The Coroner and His Duties" and discussed the need for a change in the law governing the requirements and qualifications

for the office of coroner. Dr. Bailey outlined the duties of a medical examiner.

During the business meeting a resolution memorializing Dr. Henry L. Hummons was read. The committee which prepared the resolution included Dr. William B. Smith, chairman; Dr. H. N. Middleton and Dr. Frank Gastineau.

The following physicians were elected to membership: John E. Arford, James E. Bleckley, Louis F. Bradley, Henry L. Charles, Fred R. Dallas, Don C. Fields, Clarence A. Lucas, Jr., Joseph F. Milan, Joe B. Mishler, Arthur Schoonveld and Lee W. Shaffer.

D. W. Vaughn, industrial relations director for Whirlpool-Seeger, discussed his company's medical care and health insurance program at the May meeting of **Vanderburgh County Medical Society** in the McCurdy Hotel, Evansville. D. Mead Johnson of Mead Johnson and Company, Evansville, spoke briefly on the building campaign fund for a Crippled Children's Rehabilitation Center.

Several committee reports were presented and Dr. Robert E. Arendell was elected to membership.

Dates of several future affairs were announced including the August 23 Stag Picnic for doctors, dentists and druggists at West Haven Gun Club and the September 20 First District meeting which will be held on the farm of Dr. William B. Challman, district president.

Pictures taken in the home of Dr. and Mrs. Tsutomu T. Suzuki at Covington are of members and guests of the Fountain-Warren County Medical Society. Dr. Suzuki is president.

Upper left, Mrs. John E. Fisher and Dr. Fisher, Attica; and Dr. Lowell R. Stephens, Covington.

Upper right, Mrs. Paul E. Frishkorn, Mrs. Harold W. Keschner, Danville, Illinois; Lynn Suzuki, daughter of the hosts; Dr. Keschner, speaker of the evening; Mrs. Stephens.

Lower groups, left to right, include Mrs. Suzuki; Dr. Suzuki, standing; Dr. Theodore Person, Covington; Dr. and Mrs. Emmett Pierce, Attica, and Dr. and Mrs. Max Hoffman, Covington; Dr. Vivencio F. Raymundo, Mrs. Lee J. Maris and Dr. Maris, Attica. Mrs. Person was also present.



Group photograph shows Starke County Medical Society members at a spring meeting. From left to right are Drs. John R. Matthew, North Judson; Clark McClure, president of society, Knox; James F. DeNaut, Knox; Earl Leinbach, Knox; John D. Tharp, Culver (Marshall County Medical Society); Guy B. Ingwell and Howard B. Henry, both of Knox.



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TUESDAY, OCTOBER 16, 1956					
Time	COURSE 1	COURSE 2	COURSE 3	COURSE 4	COURSE 5
10:00 to 11:00	Infant Feeding Problems Richard B. O'Bryan Columbus	Toxemia of Pregnancy Karl M. Beierlein Fort Wayne	Evaluation of Industrial Disabilities E. S. Jones Hammond	Differential Diagnosis and Treatment of Causes of Jaundice Bernard D. Rosenak Helen D. VanVactor Indianapolis	Impotence William E. Sutton Indianapolis
11:00 to 12:00	COURSE 7 RH Factor—Erythroblastosis George F. Parker Indianapolis	COURSE 8 Office Gynecology Robert H. Oswald Evansville	COURSE 9 Medical-Legal Problems in the Disoriented Patient Mr. Albert Stump Indianapolis	COURSE 10 Gastrointestinal Hemorrhage William D. Gambill Indianapolis	COURSE 11 Frigidity C. O. McCormick, Sr. Indianapolis
1:00 to 2:00	COURSE 13 Electrolyte Therapy in Pediatrics Ramon A. Henderson Muncie	COURSE 14 Obstetrical Emergencies Paul F. Muller Indianapolis	COURSE 15 Tranquilizing and Stimulating Drugs in Geriatric Care Don J. Wolfram Indianapolis	COURSE 16 Treatment of the Acute Coronary Richard M. Nay Indianapolis	COURSE 17 Common Foot Disorders and Shoe Corrections Wayne R. Glock Fort Wayne
2:00 to 3:00	COURSE 19 Retarded Children James E. Simmons Indianapolis	COURSE 20 New Methods of Treatment of Common Rectal Diseases Richard H. Appel Indianapolis	COURSE 21 Treatment of Minor Psychiatric Disorders Dwight W. Schuster Indianapolis	COURSE 22 Some Emotional Factors in Common Medical Disorders James S. Browning Indianapolis	COURSE 23 Painful Shoulder Frank W. Teague Indianapolis
3:00 to 4:00	COURSE 25 Office Treatment of Common Eye Ailments John B. Westfall Indianapolis	COURSE 26 Gynecological Problems During Puberty Sprague H. Gardiner Indianapolis	COURSE 27 Physical Therapy as an Office Procedure Mr. James Morris Indianapolis	COURSE 28 Treatment of Hypertension Walter E. Judson Indianapolis	COURSE 29 Common Errors in Treatment of Fractures of the Extremities M. C. Topping Terre Haute
					COURSE 30 Indications and Contraindications of Cortical Steroids Glenn W. Irwin Indianapolis
					COURSE 6 Acute Abdomen and Differential Diagnosis C. A. Wiethoff Seymour
					COURSE 12 Treatment of Acne and Common Skin Disorders Robert E. Jenkins Indianapolis
					COURSE 18 Use and Abuse of Antibiotics John F. Ling Richmond
					COURSE 24 Effects of Atomic Radiation on Civilian Population William D. Province Franklin

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Second choice	<div>10:00 a.m. No.:</div>	<div>11:00 a.m. No.:</div>	<div>1:00 p.m. No.:</div>	<div>2:00 p.m. No.:</div>	<div>3:00 p.m. No.:</div>

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References: (1) Felix, N. S.: *Pediat. Clin. North America* 3:317, 1956. (2) Joron, G. E.; Fowler, A. E.; de Vries, J.; Reid, G., & Mathews, W. H.: *Canad. M. A. J.* 73:956, 1955. (3) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (4) Perry, R. E., Jr.: *North Carolina M. J.* 16:567, 1955. (5) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (6) Murphy, F. D., & Waisbren, B. A., in Murphy, F. D.: *Medical Emergencies: Diagnosis and Treatment*, ed. 5, Philadelphia, F. A. Davis Company, 1955, p. 557. (7) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305, 1955. (8) Horton, B. F., & Knight, V.: *J. Tennessee M. A.* 48:367, 1955.

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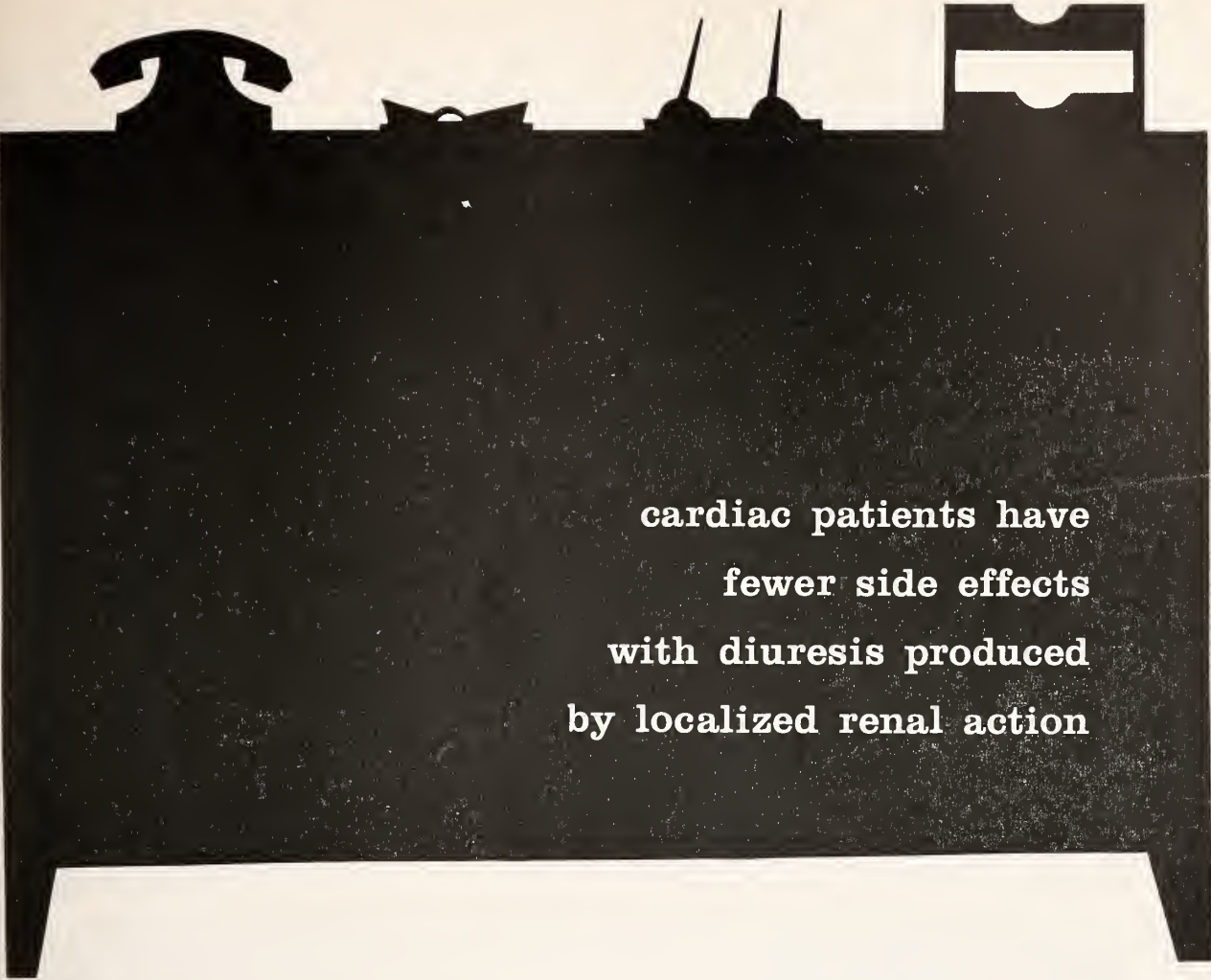
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9.	J. A. Van Kirk, M.D., Frankfort.....	Dan Tucker Miller, M.D., Fowler.....	Fowler, May 23, 1957
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1. Moser, M.: New York State J. Med. 55:1999 (July 15) 1955. 2. Agrest, A., and Hoobler, S.W.: J.A.M.A. 157:999 (March 19) 1955. 3. Smirk, F.H.: Am. J. Med. 17:839 (Dec.) 1954. 4. Smirk, F.H., and McQueen, E.G.: J. Chron. Dis. 1:516 (May) 1955. 5. Waldman, S., and Perner, L.: Am. J. M. Sc. 231:140 (Feb.) 1956.

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1. Odel, H. M.: Nutrition in Cardiovascular Disease, in Wohl, M. G., and Goodhart, R. S.: Modern Nutrition in Health and Disease, Dietotherapy, Philadelphia, Lea & Febiger, 1955, p. 709.
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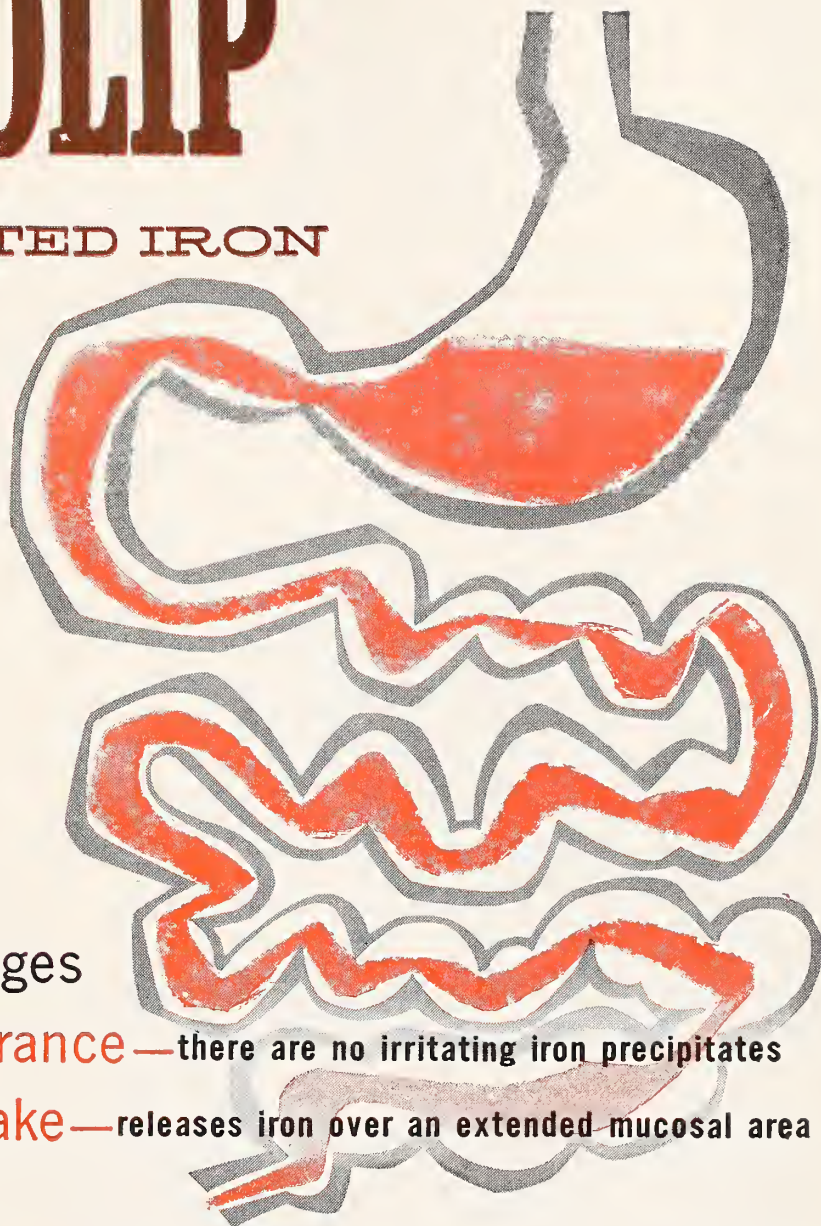
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This summary of what is happening in Washington is prepared by A.M.A.'s capitol office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—In terms of actual health bills passed and sums of money appropriated, the 84th Congress which ended just a few weeks in advance of party presidential conventions undoubtedly set some records. Measures ranged from the far-reaching program of disability cash payments to a bill for the commissioning of male nurses in the armed services.

In between are a wide variety of measures which, in the opinion of Secretary Folsom, Secretary of Health, Education, and Welfare, gives "promise of immediate and substantial progress on a wide front in the improvement of the nation's health."

Both Mr. Folsom and the President deplored the fact that Congress had not acted on their plan for federal aid to medical schools, but Congress decided this was one of the subjects that needed more study before taking any further action. In addition Mr. Folsom expressed disappointment that nothing had been done on authority for pooling arrangements among small health insurance companies and the long-dormant plan for a health reinsurance fund.

On medical research funds, the administration this session asked for the largest amount of money ever requested in one year. The appropriation finally voted was even larger, some \$170 million. On top of this, Congress in its final hours appropriated nearly \$80 million to carry out new legislation just passed.

Here are the highlights of major health bills approved by the 84th Congress:

Social Security Amendments—Changes in the 21-year-old social security law now include (1) Old Age and Survivors Insurance payments to disabled workers at age 50, paid from a "separate" fund, (2) extension of social security to

some 250,000 dentists, lawyers, osteopaths and other self-employed persons, (3) lowering of retirement age for social security purposes for women from 65 to 62, (4) earmarked payments for medical care of public assistance recipients, and (5) increase of payroll deductions by one half of 1% and three-eighths of 1% for the self-employed.

Laboratory Research Facilities—The Hill-Bridges bill for \$90 million in construction grants over three years to public and non-profit institutions to erect research facilities started out in the Senate as a bill to aid research in crippling and killing diseases but wound up for research in all "sciences related to health."

Health Amendments Act—The so-called little omnibus health bill provides for federal grants for training of public health specialists, professional nurses qualified for teaching and administrative jobs and for practical nurses—plus a two-year extension beyond next July 1 of the 10-year-old Hill-Burton hospital program, and special projects grants for mental health studies and demonstrations.

Medical Care for Military Dependents—A long-sought goal of the Defense Department was enactment of a permanent program of medical care for dependents of armed services personnel either in military hospitals and clinics or through private sources. It is scheduled to begin early in December.

National Library of Medicine—Another proposal long in the making was the reestablishment of the Armed Forces Medical Library as the National Library of Medicine. For administrative purposes, Congress put it under the Department of HEW but left up to the 17-man



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CASE SUMMARY

On 6/2/55, patient, male, age 28, fell on an old fracture and refractured the middle third of the right femur, superimposed on an old osteomyelitis.

On 7/7/55, the wound was saucerized and a hemolytic *S. aureus* (coag. +) was isolated from the osteomyelitis. Disc sensitivities were: penicillin, 10 units; erythromycin, 10 mcg.; tetracycline, 10 mcg.

On 7/15, the patient was placed on erythromycin therapy 400 mgm. q. 6. h. Patient afebrile after erythromycin started. X-rays showed evidence of healing with callus formation. No septicemia and clinical evidence indicates control of the infection.

On 8/3, the cast was removed and leg recast. Wound was in good condition with minimal drainage.

Diagnosis: fracture middle third of right femur, complicated by osteomyelitis.

Result: erythromycin aided healing of the old osteomyelitis and kept the infection under control.

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THE MONTH IN WASHINGTON (Cont.)

board of regents the selection of site—in all likelihood in the Washington area.

Sickness Survey—Special and continuing surveys on the extent of illness and disability in the U. S. along with medical care being offered have been authorized—the first detailed study of its kind in over 20 years. The work will be done by the Public Health Service.

Water Pollution Control—The PHS is authorized to make grants to states and communities to help in construction of sewage disposal plants at the rate of \$50 million a year for 10 years.

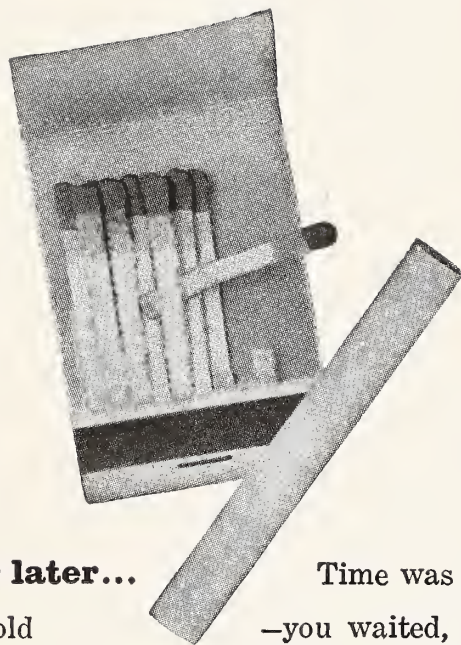
Some other measures signed into law by the President were: establishment of a mental health program for Alaska, budget increases for additional staff for the Food and Drug Administration along with a new headquarters building for modern laboratories, provision of medical care for employees and dependents of the State Department abroad in U. S. military facilities, a \$400,000 fund to finance the holding of the World Health Assembly in this country in 1958 (which is the 10th anniversary of the founding of the World Health Organization) and the commissioning in the armed services of osteopaths.

NOTES:

The new surgeon general of the PHS is Dr. Leroy E. Burney, a career officer in the commissioned corps and for 10 years commissioner of health for the state of Indiana. Until his nomination by the President he was deputy chief of the PHS Bureau of State Services. Dr. Burney received his medical degree from Indiana University.

The federal government withdrew from the allocation of the Salk poliomyelitis vaccine just 15 months after the first release of the vaccine, but federal grants to states to help finance inoculation programs continue.


In preparation for a national blood bank directory, the Joint Blood Council with headquarters in Washington launched a nation-wide survey September 1 of all blood banks.



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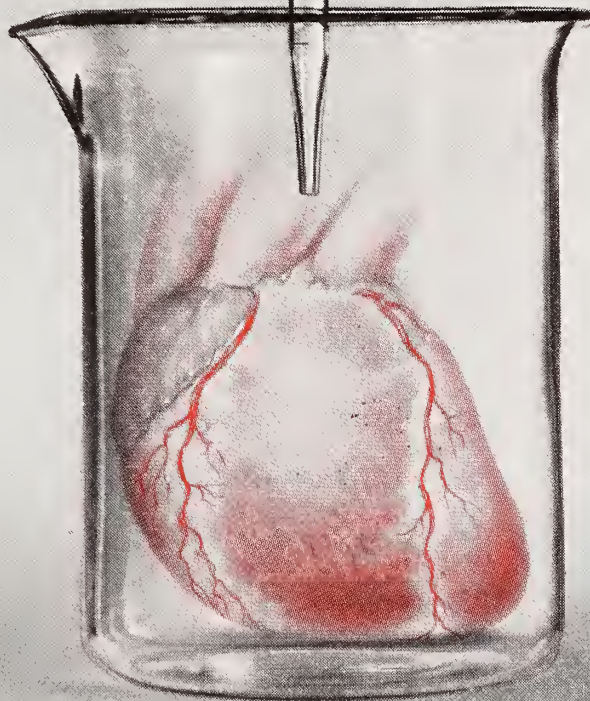
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The Journal

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Supervised by THE COUNCIL

Volume 49 — September 1956 — Number 9

Cryptorchism

ROBERT A. GARRETT, M.D.*

Indianapolis

THE MANAGEMENT of undescended testis often constitutes a matter of uncertainty to the pediatrician and surgeon who see this problem. Much concern stems from this uncertainty. With a clear understanding of the aims in management of cryptorchism, fruitless procrastination based on ignorance may be eliminated. It is our hope to logically set down these aims in the following text.

DEFINITIONS

Cryptorchism must be carefully differentiated from pseudocryptorchism or migratory testis. The latter oscillates at the behest of the cremaster and dartos muscles between the inguinal canal (or even abdominal cavity) and the scrotal pouch, whereas the former cannot be brought into the scrotum. Ectopic testis should not be considered in a discussion of true cryptorchism. Failure to carefully differentiate the true from

migratory state probably has added undue weight to optimistic reports on orchiopexy.

INCIDENCE

Campbell¹ has stated that cryptorchism occurs once in 24 births, the great majority of which are bilateral. Over the early months of infancy many of these migrate to the scrotum, whereas considerably fewer unilateral ones do likewise. Thus, in the adult unilaterality outweighs bilaterality. *This curious switching of proportions is of etiologic significance.* The majority of undescended testes are found in the inguinal canal.

ETIOLOGY

An evaluation of factors contributing to this anomaly is germane to arrival at logical management. There seems to be general agreement that there are two factors responsible for the failure of the testis to descend. Mechano-anatomical factors on the one hand may be responsible, whereas endocrine or hormonal deficiency may be responsible on the other. Relative impor-

*From the Department of Genito-Urinary Surgery and the James Whitcomb Riley Hospital, Indiana University Medical Center, Indianapolis, Indiana.

tance of each of these factors is a matter of controversy. Normally the testes descend during the seventh, eighth, or ninth month of fetal life. *We must look upon this descent as a purposeful action.* Engle² and others have shown that at the time of descent of the testis chorionic gonadotropin titers are quite high in the fetus. During the early weeks of life there is a carry-over of circulating chorionic gonadotropin. From the age of one to ten years gonadotropin levels are quite low if at all detectable. Few testes tend to descend after the first year until puberty. At puberty again is noted a high gonadotropin titer. Engle², Deming³ and others have shown that artificially induced high gonadotropin levels in the rhesus monkey, whose gonads are normally intra-abdominal in preadolescent years, can cause the testes to descend in the otherwise immature monkey. Moreover scrotal size, testicular mass and spermatic cord diameter are said to be increased and lengthened. Gametogenesis is not stimulated by this artificial gonadotropin environment. In further support of this concept, not only have clinicians observed gonadal descent in the male with the administration of gonadotropin but also bilateral cryptorchism seems to be the most favorable in its response to gonadotropin stimulation. Of interest and perhaps having some bearing upon the etiology of male pseudohermaphroditism is the fact that an unusual proportion of so-called male pseudohermaphrodites manifest cryptorchism. *All of these observations and data seem to support the concept that hormonal influence plays an important role in testicular descent.* One may logically reason that in an environment deficient in the hormone gonadotropin neither testis receives adequate stimulation and therefore fails to descend adequately. On the other hand, as previously stated, the majority of adult cryptorchism is unilateral. It is difficult to attribute hormonal influence in event of unilateral failure of descent. Care must be taken in identifying unilateral cryptorchism not to overlook the possibility of unilateral hemiscrotal agenesis and urinary tract anomalies which accompany testicular agenesis in a significant number of cases. To establish the cause for unilateral testicular non-descent one is forced to search for mechano-anatomical abnormalities in explanation. The role of the gubernaculum has long been overemphasized. Animals having gubernacula sectioned experience testicular descent in a relatively normal fashion

in most instances. Recent studies in regard to the importance of the cremaster are pertinent. Lewis⁴, denervating the cremaster in immature monkeys, found failure of testicular descent in over half the testes thus treated. This work has been repeated and corroborated. Search for cremaster in the inguinal testis fails to reveal a very impressive muscle mass. Other factors have been incriminated as causing unilateral cryptorchism. None have been convincingly indicted. *Thus it seems logical to attribute unilateral cryptorchism to a mechanical agent acting locally to detain or arrest descent.* On the other hand in bilateral cryptorchism hormonal dysfunction seems most likely to be responsible for gonadal nondescent. That some gonads are hypoplastic or atrophic from early embryonic life seems likely. Seldom can these organs be expected to descend.

INFERTILITY

That the patient with bilateral cryptorchism is usually infertile has long been known. It remained however for Moore⁵, working with rams, to show that the temperature gradient was the critical factor in infertility in the cryptorchid state. Using fur-lined scrotal supports Moore was able to control the fertility of his rams at will. Further he was able to show that permanent infertility could be brought about by prolonged use of the fur-lined support. Largely upon this evidence rests the surgeon's recommendation for early orchiopexy. Further it seems true that testes brought down late in adolescence seldom acquire physical characteristics of a normal organ. Histologic patterns of testes undescended up to the age of 6 to 8 years differ little from chronologically similar gonads in the scrotum. After these apparently critical years, the descended gonad undergoes profound microscopic changes of maturation not shown in the cryptorchid gonad. Whether early orchiopexy accomplishes its purpose in preserving fertility and establishing normal testicular development still remains to be proven. As far as we know there has been no conclusive information made available that such is the case. Three testicular biopsy banks have been established throughout the land: one at Columbia University College of Physicians and Surgeons, one at State University of Iowa Medical School and another at University of California Medical School. To these banks are sent testicular biopsies of cryptorchism at the

time of orchiopexy. Years later biopsies taken after puberty may be compared with the original study and thereby conclusive evidence be drawn. Until these data are evaluated, early orchiopexy still must rest upon theoretical grounds.

MALIGNANCY

It has been shown repeatedly that incidence of malignancy in the undescended testis is approximately 10 times greater than that in the normal descended organ.⁶ Hamilton⁷ has offered an incidence as high as 14%. It is further known that seminoma is the usual pattern of these neoplasms. Opposed to this view are those who either from personal experience or from questionnaires submitted to a liberal sampling of urologists countrywide believe that this concept is erroneous. It should be pointed out that cryptorchid malignancy may be obscure, hence any experience short of the autopsy table is unreliable. It is well known that the tendency for malignancy does not make itself manifest until approximately the fourth decade. There is no evidence that transferring the testis from the inguinal canal or abdomen to the scrotum alters this neoplastic tendency.

DIAGNOSIS

Cryptorchism is for the most part asymptomatic. Should the undescended testis lie in the inguinal canal close to the pubic tubercle or the symphysis it may be subjected to repeated trauma. In such cases the organ may be a source of continual discomfort. In the occasional child a sense of inadequacy and inferiority may be blamed upon this failure of the testis to descend. This symptom seldom is of real importance.

Special care must be given to the differentiation of the undescended from the migratory testis. One, two or even three examinations may not definitely establish the true nature of the problem. Some reliance must be placed upon the parents' opinion as to whether or not they have seen the testis in question in the scrotum. Congenital absence of the testis may accompany other congenital abnormalities within the urinary tract as mentioned before. Ectopic testis should be fairly obvious on physical examination. In the establishment of diagnosis a warm examining room is helpful. The child to be examined should be at peace with his surroundings. Anxiety alone may cause a significant cremasteric contraction to

render the gonad impalpable. For detection of the testis in the inguinal canal the patient may be standing. The examiner may stand behind the patient and press gently over the inguinal area, often disclosing the gonad in question. Facing the patient, a useful technique consists of insinuating the fifth finger through the external inguinal ring, pressing downward with the opposite hand over the groin, bringing the gonad against the examining fifth finger. Efforts should be made to rule in or out coexisting inguinal hernia or hydrocoele.

TREATMENT

On establishing cryptorchism what treatment may then be recommended? Certainly during the first year of life it is reasonable to anticipate an early spontaneous descent. Should this fail, plans should be made to place the testis in the scrotum *before the seventh year of life*, unless hernia dictates earlier repair. In bilateral cryptorchism chorionic gonadotropin should be given, provided bilateral inguinal hernias do not coexist. Dosage depends upon the size and age of the individual. At 7 years of age 500 international units two to three times a week for a total of 8,000-10,000 units may be given. Should hernia coexist, immediate orchiopexy may be recommended. In event of failure of the gonadotropin therapy orchiopexy should then be carried out. Varying waiting periods have been recommended. Robinson and Engle⁸ advocate a short interval of waiting with massive gonadotropin doses over a very short period of time. On the other hand, little is lost in a waiting period of approximately 3 months concurrently with the gonadotropin therapy. It has been our experience that if the testis will descend it does so during or immediately at the conclusion of the gonadotropin injections. In unilateral cryptorchism Deming³ recommends the use of gonadotropin not so much to anticipate descent under its influence but to increase the size of the scrotum and testicular appendages that surgical descent may be facilitated. Attempts to bring down abdominal testes will often meet with failure. In the presence of a normal gonad on the opposite side reposing in the scrotum, orchiectomy is justified. Certainly the undescended testis should not be returned to the abdomen. Abdominal exploration and removal of all testes incapable of being brought into the scrotum has been recom-

mended by some to avoid malignancy. We do not subscribe to this view.

SUMMARY

Confusion relative to the management of cryptorchism is widespread. Preservation of fertility in bilateral cryptorchism makes artificial descent mandatory, if spontaneous descent has not taken place by 7 years of age. Unilateral cryptorchism should be corrected by orchiopexy if possible by 7 years of age. Here motivation centers about bringing an organ more liable to malignant change into a position more easily palpated. Atrophic worthless testes may be re-

moved provided a normal gonad is present on the opposite side.

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Scientific Sessions Streamlined

Preliminary programs for daily sessions of the 107th Annual Convention of the Indiana State Medical Association are published in this issue on pages 1082-1084.

Complete schedule for the Instructional Courses—all planned for a single day—Tuesday, October 16, is on pages 1140-1141.

Plan now to attend the annual convention. If you have not already done so, make your hotel reservations at once.

Mark your calendars now as a reminder to plan your schedule to permit your attendance at as many sessions of the 107th ISMA convention as possible.

Remember the dates . . . October 15 for officers and members of the House of Delegates, and October 16, 17 and 18 for all Indiana physicians.

Epidemic Diarrhea of the Newborn Caused by *E. Coli* Subgroup

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R. A. BURGER, M.D.**

Gary

DIARRHEA is the most serious infection which occurs in the newborn. Epidemic diarrhea of the newborn is characterized by the rapid spread of the infection, fulminating symptoms with a high mortality, and usually by the elusive nature of the causative organism. Outbreaks may occur at any season. Breast fed infants are stricken about as commonly as those fed artificially.¹ The etiologic organism is not the same in all outbreaks.

In some epidemics, particularly those in which breast and bottle fed infants have been afflicted about equally, a virus has been assumed to be involved. Studies in some instances have shown familiar pathogens of the *Salmonella* or *Shigella* groups; in others the organism accused has been more unusual, such as *Shigella dispar*. In some cases the agent is one not ordinarily regarded as a diarrhea-producing organism but is presumed to be pathogenic in very young infants.

In recent years diarrhea in infants due to certain subgroups of *Escherichia coli* has become increasingly important. The morbidity rate among exposed infants is high. There is a wide variation in different epidemics. The mortality is generally 15-30 percent.² Reports showing that *E. coli* organisms have also been isolated from the upper respiratory tracts of some of the infants suggest the possibility of airborne transmission of infection.³ The incubation period of *E. coli* diarrhea is usually short; the diarrhea itself is the first symptom. Fever may be absent. In mild cases, temperature rises as the condition

progresses. The stools are watery; they contain neither blood nor pus and, as a rule, very little mucus. Loss of weight may be quite rapid because of concurrent dehydration. The infant loses its appetite and often it vomits. *E. coli* diarrhea is generally long lasting and persistent. Dietetic measures and antibiotics usually have little effect. The frequent recurrences of symptoms make resumption of milk feeding difficult.¹

Stool cultures for the identification of pathogenic organisms producing diarrhea and sensitivity testing are increasingly valuable in the proper choice of the drug to be used. Without a doubt, prompt segregation of every patient with diarrhea is of the utmost importance in aborting an epidemic. Clifford⁴ advises that if two infants from the same nursery develop diarrhea, the nursery should be quarantined. If three cases occur from the same nursery, an epidemic is to be presumed and the Board of Health should be notified. Epidemics of varying degree break out in hospitals both large and small from one end of the country to the other. No hospital should consider itself immune merely because it has never had one.⁵

In the Fall of 1954 there was an epidemic of infectious diarrhea at our hospital. It started in the nursery for premature infants. The following is an account of our experiences.

Methodist Hospital of Gary is a 242-bed general hospital. As in most industrial cities, the hospital facilities are constantly strained. Nursery overcrowding is frequent. The nursery for premature infants, where the epidemic started, normally accommodates 9 infants; at the time of the epidemic the census was 12. The nursery unit for full term newborn infants was built to ac-

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commodate approximately 150 deliveries a month. In the month prior to the epidemic, there were 397 newborn. During the month of the epidemic, despite efforts to reduce the census, there were 325 deliveries.

Lack of awareness that *E. coli* can be pathogenic in the nursery can be dangerous. Although specimens from all suspected patients were cultured, we took a calm view of *E. coli* reports. Pathogenic strains of *E. coli* are identified by sera not always readily available in general hospitals. Ewing and associates⁶ described a typical problem of a new serotype of *E. coli* associated with infantile diarrhea and its identification

We would like to acknowledge the aid given us by municipal, state and federal health departments.* It is most gratifying to us that almost within hours we had aid and valuable information with which to control and fight this most dreaded disease of the nursery. This aid is available only for the asking. The service for small hospitals may be invaluable in controlling serious outbreaks of diarrhea and treating epidemics.

The investigation by the U. S. Public Health epidemiologists consisted of the following measures:

1. Establishing the earliest date of onset of the epidemic to find previous cases that we may have overlooked. They found that evidence of diarrhea existed before September 17, although we did not recognize the epidemic until October 6.
2. Bacteriologic examination of all sick and exposed babies, mothers and maternity personnel, including all staff physicians. They discovered carriers, including one member of the medical staff.
3. A thorough check on the hospital for breakdown in technique of formula preparation, refrigeration and bacteriologic examination of the formula.
4. Evaluation of aseptic nursing techniques of diapering and feeding.

On October 6 two cases of unmistakable diarrhea were reported in the nursery for pre-

mature infants. These patients were promptly isolated, stool cultures were made, and the nursery was closed to new admissions. The nursery for the full term infants remained open. Two days later the five remaining premature infants had diarrhea.

On October 9 two of the premature infants died. The following morning the infection spread to nine babies in the nursery for full term infants. By October 11, five premature infants had died and another was near death. By then 14 more infants were reported to have diarrhea shortly after discharge from the hospital. Six of them were admitted to the neighboring hospital, and two of them died. Four others were readmitted to Methodist Hospital, and still another four treated at home.

The total tally was 21 infants known to be involved. Five prematures and two full term infants were dead.

On October 13 officials of the U. S. Public Health Service arrived. They were convinced that the outbreak of diarrhea was not a result of breakdown in formula technique. On that day they reported the diarrhea to be due to *E. coli* subgroups and sensitive to neomycin.⁷ All ill infants and new suspects were then treated promptly with neomycin. Stulberg⁸ has reported that it is desirable, in attempting to control a known epidemic, to maintain every patient on chemotherapy until he is discharged. He mentioned the possibility of an infant developing immunity not detected by present means and acting as a carrier. The epidemiologic significance of these carriers in the nursery is, of course, frightening. Our neighboring hospital placed all newborn infants on prophylactic neomycin therapy. Perhaps this measure prevented an outbreak there, since the health department found some carriers in its nursery. Cooper and associates⁹ reported that the administration of neomycin to every infant regardless of clinical condition was followed by a decreasing incidence of diarrhea and decreasing detection of *E. coli* 0127B8.

With the extensive use of neomycin, both prophylactically and therapeutically, we finally ended the epidemic at our hospital.

BACTERIOLOGIC STUDIES

On October 8, 1954, six stool specimens for culture were received from the nursery for pre-

* We express sincere appreciation and thanks to Dr. Fred Payne, epidemiologist, Mr. Don Mackel, bacteriologist, U. S. Public Health Service, Chamblee, Georgia, and members of municipal and state Departments of Health.

mature infants. Obtained by anal swab were specimens from B. H., G. H., G., C., and S.

A stool specimen was received from baby M. It was pale green and liquid; the anal swabs appeared normal in color. All material was planted on SS and EMB plates, incubated for 24 hours and examined. All showed heavy growth of *E. coli*; in addition, there was a late lactose fermenter which, after being transplanted to sugar media, showed the presence of either *Proteus* or *Pseudomonas* species. The only enteric pathogen found was from M. After sugar growth and agglutination, it proved to be *Salmonella* group "B."

In the next few days repeat specimens showed results identical to those above.

B. H. and C. died October 9. Cultures from the intestinal tracts at postmortem showed heavy growth of *E. coli* and some *Pseudomonas* and *Proteus* species.

Typing sera for *E. coli* subgroups was obtained through the U. S. Public Health Service. Studies of the initial cultures showed the presence of subgroup 0127B8 *E. coli* strain. All additional specimens were planted on McConkey's agar for isolation, and the subgrouping was done with dilute typing sera.

On sensitivity testing, neomycin, polymyxin B and chloromycetin were the most promising drugs.

Anal swabs were obtained on contacts and were cultured on McConkey's and brilliant green agar plates. Brilliant green was used only at the start of the survey because of the one instance of *Salmonella* found in the original group of cases. After 100 consecutive negative cultures for enteric pathogens, the survey was continued with only McConkey's agar.

On October 15, 1954, the stool specimen of a new patient, K., was cultured and found negative

for strain 0127B8. Since this baby had the same type of diarrhea as the infants previously diagnosed, his specimen was analyzed by the complete agglutination series. Strain 0126 was found in this baby. All cultures were then re-examined for 0126. Altogether, it was found in six patients, one of whom, baby Y., was infected by both 0126 and 0127B8.

Infants born at the hospital from September 24 to October 6, 1954, and showing diarrhea at any time after their discharge from the hospital, were examined as outpatients, and swabs obtained. Cultures were taken from the mothers of all infants in whom 0127B8 or 0126 were found.

A total of 448 specimens was cultured on 174 individuals. The results are in Table 1. No patients hospitalized at St. Mary's Mercy Hospital are included.

POSTMORTEM STUDIES

Baby C. A-119-54. Autopsy showed a premature male with a small amount of serosanguinous peritoneal fluid and a distended small intestine. There were no intestinal mucosal ulcerations. Microscopic examination showed an infiltration of lymphocytes through the wall of the small intestine and some serosal deposition of fibrin. The lungs showed areas of atelectasis, hyperemia and some edema.

Baby B. H. A-117-54. This premature infant showed a bronchopneumonia and a fibrinous peritonitis. There was gaseous dilatation of the stomach and small intestine and an intact mucosa throughout.

SUMMARY

An epidemic of infectious diarrhea is described. A total of 21 patients was affected. There were 7 deaths. Causative organisms were

TABLE 1

TYPES OF SUBGROUPS FOUND BY CULTURE SPECIMENS FROM 174 PERSONS

TYPES OF PATIENTS OR PERSONNEL	NEG.	POS.		TOTAL
		0126	0127B8	
Adults (hospital personnel)	115	2**	0	117
Inpatient infants*	25	2	9	35***
Outpatient infants*	9	2	0	11
Adults (family contacts)	11	0	0	11

* These include patients with diarrhea and their contacts.

** One, a physician who delivered one of the premature infants involved in the epidemic; the other, a laboratory technician.

*** Double infection.

E. coli strains 0127B8 and 0126. The cooperative efforts of the health departments were important in diagnosis, treatment and control.

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Clinical Evaluation of Therapeutic Effects of a Combined Antibiotic Ointment in Pyodermas*

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IN RECENT YEARS the therapeutic management of bacterial infection of the skin has progressed rapidly due to the advent of topical antibiotics. More recently, combinations of these antibiotics have proven more efficacious in pyodermas stemming from a multiplicity of bacterial pathogens.¹ This paper attempts to assay critically the results of an investigation of one of the newer of these combined antibiotic ointments.† The material used in this study consisted of a combination of zinc bacitracin, 200 units, neomycin base (present as the sulfate), 3 mg., polymixin B, 4000 units, and benzalkonium chloride, 5 mg. per gram of special hydrocarbon base.

One hundred ninety-two individual cases of various types of primary and secondary pyodermas were placed on the study. Of the above number of patients, adequate follow-up and cure were obtained in 113 cases treated with the antibiotic ointment. The results of these latter cases are herein reported.

PROCEDURE

Each patient treated in this project was instructed to cleanse the involved area with plain water, remove the overlying crusts, compress the involved area 20 minutes with a 1% saline solu-

tion, and then apply the supplied ointment lightly. This program was to be performed three times each day. Typical lesions were cultured on the initial visit of each patient and on each subsequent visit until negative cultures were obtained. Patients were instructed to return on the second and fifth days after the initial visit and every three to five days thereafter. A "cure" necessitated negative bacteriological culture and clinical involution of all lesions.

In order to establish critical evaluation, the project was so designed that two identically appearing ointments were utilized: (1) the active antibiotic ointment; and (2) an ointment consisting of the hydrocarbon base only. Twenty-five patients originally received the inactive ointment base.

The study originally consisted of 139 cases. However, the antibiotic preparation first used was found to be somewhat unstable due to the properties of the base. The manufacturer then prepared a similar compound using a different base and eliminating the deficiency. This latter ointment was then used on an additional 53 cases.

RESULTS

Of the 192 patients placed on the study, 54 failed to return after one, two, or three visits and were not included in the final evaluation.

Of 25 patients treated with the ointment base only, 4 cleared in from 4 to 24 days. These cases consisted of one each of the following entities: superficial folliculitis of the beard; traumatic ulcer; impetigo contagiosa; and ecthyma. It was necessary in the remaining 21 patients to

* From the Department of Dermato-Syphilology of the Indianapolis General Hospital, John E. Dalton, M.D., chairman.

We are indebted to Drs. David C. Bleil and Roland W. Jones for assistance rendered in this study.

† Biotres was supplied for this study through the courtesy of The Central Pharmacal Company, Seymour, Indiana.

TABLE 1.
Summation of cases placed on the Initial Biotres

Entity	Cases	Negative cultures within days										Average Clearing Days
		2	4	6	8	10	12	14	16	20	24	
Primary Pyodermas												
Impetigo	43	4	9	13	9	4	1	0	0	2	1	7
Ecthyma	8	0	0	3	1	2	0	0	1	0	1	11
Folliculitis:												
Beard	3	0	0	0	1	1	0	0	0	1	0	13
Scalp	3	0	1	0	0	1	0	0	0	1	0	11
Extremities	2	1	0	1	0	0	0	0	0	0	0	4
Secondary Pyodermas												
Dermatitis Infec- tiosa Eczema- toides	3	0	1	1	1	0	0	0	0	0	0	6
Stasis Ulcer with Pyoderma & My- iasis	1	0	0	0	0	0	0	0	0	1	0	20
Impetiginized:												
Herpes Simplex	2	1	0	0	0	1	0	0	0	0	0	6
Tinea Pedis	2	0	1	0	0	0	1	0	0	0	0	8
Contact Derm.	2	2	0	0	0	0	0	0	0	0	0	2
Paronychia	1	0	0	0	1	0	0	0	0	0	0	8
Surgical Wound	1	0	0	0	0	1	0	0	0	0	0	10
Pediculosis												
Capitis	1	1	0	0	0	0	0	0	0	0	0	2
Traumatic Ulcer	2	0	0	0	0	0	1	0	0	1	0	16
Unclassified	2	0	0	1	0	1	0	0	0	0	0	8
Total	76											

Figures in table do not include the 38 inadequately followed cases nor the 25 control cases.

change to the active antibiotic ointment after the second or fifth day because of extension of the infection. None of these patients was included in the statistical tables.

Table 1 includes those cases treated with the initial antibiotic ointment* on whom an adequate follow-up was obtained. Table 2 includes those additional cases adequately followed with the second refined antibiotic ointment†.

The results were comparable in the two groups. All cases, regardless of entity, that failed to clear within 7 to 8 days were re-evaluated. In such cases as folliculitis of the beard and scalp, ecthyma, and infected traumatic ulcers,

the extended course of therapy was not felt to be unusual. Prolonged therapy in a few cases of impetigo and ecthyma could generally be explained on the interplay of factors involving auto-inoculation by scratching, the age of the child, and poor parental supervision of the program.

The findings of this study compare favorably with other investigations using combined antibiotic ointments.¹

SUMMARY

A new topical antibiotic ointment, Biotres, containing bacitracin, neomycin sulfate, polymixin B, and benzalkonium chloride in a special hydrocarbon ointment base, was used on multiple and varied bacterial skin infections in 167 cases. An additional 25 cases were used for controls. Adequate follow-up of 113 of these cases was obtained. Four of the 25 control patients cleared on the ointment base alone. In the remaining 21 patients on control medication,

* Consisting of bacitracin 400 units, neomycin sulfate 5 mg., polymixin B sulfate 8000 units, and benzalkonium chloride 10 mg. per gram of purified hydrocarbon base.

† Consisting of zinc bacitracin 200 units, neomycin base (present as the sulfate) 3 mg., polymixin B 4000 units, and benzalkonium chloride 5 mg. per gram of special hydrocarbon ointment base.

TABLE 2.
Summation of cases placed on the improved Biotres

Entity	Cases	Negative cultures within days										Average Clearing Days
		2	4	6	8	10	12	14	16	20	24	
Primary Pyodermas												
Impetigo	15	0	3	8	2	2	0	0	0	0	0	6
Ecthyma	12	1	2	2	2	2	1	2	0	0	0	8
Folliculitis:												
Beard	3	0	0	1	1	0	0	0	0	1	0	11
Scalp	1	0	0	0	0	0	0	0	0	1	0	20
Secondary Pyodermas												
Dermatitis Infec- tiosa Eczema- toides	1	0	0	1	0	0	0	0	0	0	0	6
Impetiginized:												
Tinea Pedis	2	0	0	0	0	1	0	1	0	0	0	12
Contact Derm.	1	0	0	1	0	0	0	0	0	0	0	6
Seborrheic Derm.	1	1	0	0	0	0	0	0	0	0	0	2
Nummular Eczema	1	0	0	0	0	1	0	0	0	0	0	10
Total	37											

Figures in table do not include the 16 inadequately followed cases nor the control cases.
The following were the major organisms found either singly or variously mixed in the studied cases:
Beta-hemolytic Streptococcus
Staphylococcus Aureus, hemolytic, coagulase negative
Staphylococcus Aureus, non-hemolytic, coagulase positive
Staphylococcus Aureus, hemolytic, coagulase positive

it was necessary to institute therapy with the ac-
tive compound to achieve a cure. All cases
evaluated were carried to the point of both clini-
cal and cultural cure. No sensitizations to the
drug were encountered.

CONCLUSIONS

This combined topical antibiotic ointment
(Biotres) affords an effective and safe agent in
the management of pyogenic skin infections of
multiple bacterial origin.

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Chronic Urticaria: The Problem and Its Management

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PROBABLY NO OTHER non-fatal problem in medicine is more exasperating to both patient and physician than chronic urticaria. Both must have the patience of Job, since after months of diligent search with trial and error, the hives still may be present. However, often enough, a brilliant therapeutic result is achieved which makes any and all efforts worth-while. Added to this fact is the knowledge that occasionally chronic urticaria is an outward manifestation of a yet undiscovered malignancy or lymphoma.¹⁻³ For this reason alone, the patient presenting himself with chronic urticaria deserves a most thorough investigation.

I. DERIVATION: The name urticaria is derived from the common nettle plant, "*Urtica urens*." The hairs of the plant have been found to contain both histamine and acetylcholine and stroking the skin with these hairs produces the common "nettle rash."⁴ The name is quite appropriate as histamine, a histamine-like substance, and acetylcholine have all been described as probably etiologically significant in the production of urticaria.⁵⁻⁸

II. MECHANISM: Whether due to antigen-antibody reaction, stimulation of the parasympathetic nervous system, infection, or areas of necrosis within the body, a chain of events occur which lead to the production of urticaria. The theory that at present is most widely accepted is Lewis' theory of the release of histamine or a histamine-like substance.⁵ Acetylcholine also has been incriminated.⁷⁻⁸ It is thought that acetylcholine causes a release of histamine in the tissues which in turn produces the urticaria.⁹

Regardless, one or a combination of these chemical compounds produces a three-fold response in the tissues:

1. A dilation of capillaries and venules.
2. A localized increased capillary permeability.
3. An axon reflex which results in arteriolar dilation and the resultant flare seen in urticaria.

The shock organ in urticaria is the small blood vessel network of the skin.

III. ETIOLOGY: We are not concerned in this paper with acute urticaria. The problem here is simple and almost without fail the patient and family are cognizant of the cause. The causes of chronic urticaria are myriad. Most workers designate four categories as being the most common etiologically. They are: drugs, foods, infection and psychogenic factors.^{3, 10-14}

A. Drugs: This is becoming the most common single cause of chronic urticaria. A simple question as to whether the patient is taking drugs does not suffice. A person who has been taking cathartics, alka seltzer, insulin or liver for years may not look upon these as drugs. Pink cake might be an unsuspected source of phenolphthalein.¹¹ One must specifically ask about vitamins, tonics, cathartics, shots, nose drops, headache medicine, douche powders, and cold tablets. In this connection it would be interesting and perhaps profitable to remember that milk is often a constant source of penicillin and may on occasion account for the prolonged urticaria seen

following a single administration of this antibiotic.

Also to be considered is the fact that the very antihistamines which are used for symptomatic relief may be factors which perpetuate the urticaria.^{15, 16} ACTH also has been a factor in urticaria.^{17, 18} This latter may be due to a sensitivity to pituitary substance (organ specific) or a sensitivity to the animal protein from which the drug was obtained (species specific).

It is well to exhaust completely this facet. Elimination is usually simple and both the patient and the doctor are saved needless time and aggravation in a fruitless search for other etiological factors.

B. Foods: Although any food can produce urticaria, some do so with such frequency that it is well to eliminate them from the diet. Fish, seafoods, nuts, cheese, spices and condiments (other than salt), berries, chocolate, raw fruits, alcohol, and eggs include most of the bad offenders. A diet diary is often of value. Not only does it help to determine which food might be at fault but also makes it easier to prescribe a diet which eliminates the foods usually eaten by the patient. Many simple diet forms are available.^{11, 19-23} If, after remaining on a diet for several weeks, there are no hives, one new food can be added at three to four day intervals until hives recur.

Skin testing is not as valuable in urticaria as it is in inhalant allergies. Although a "test negative diet" is often followed by alleviation of symptoms, many cases are not so benefited. In addition, a patient will often find that positive reactors do not necessarily produce symptoms, and faith in allergic care is apt to be lost. Nonetheless, skin testing to foods sometimes helps and may act as a guide to the type of diet to be used. Occasionally, one or two positive reactions may give the clue which will solve the problem.

C. Infection: Infection anywhere in the body from the ears, sinus and teeth, to the gallbladder and prostate, can and does on occasion produce urticaria. A marked eosinophilia should call attention to the possibility of infestations as a cause. Even the lowly amoeba²⁴ and *Giardia lamblia*²⁵ have been incriminated. Here, of course, the treatment of the urticaria is to eradicate the infection in so far as it is possible.

D. Psychogenic Factors: This category is

mentioned with trepidation. Psychogenic factors have been mentioned both as a trigger mechanism in an allergic individual and as a mechanism involved where no allergic factors can be found.^{26, 27} When we state that urticaria is on a psychogenic basis it might also mean that because of our inadequacies, we have been unable to find other causes. It must also be remembered that the constant itching, scratching, and loss of sleep may be the factors which upset the individual and magnify the little problems we all have in life. It would seem that the logical approach would be to listen and allow the patient to ventilate, if he so desires, without probing too deeply. In the meantime keep working to discover other causes for his urticaria. It is more than somewhat embarrassing and also unfair to the patient to label his urticaria psychogenic when it is due to his wife's silk nightgown—or bedbugs.

E. Less Common Causes:

1. *Contactants:* Included are soaps, powders, cosmetics, dyes, mouth washes, detergents, and bubble baths.

2. *Physical Agents:* Heat, cold, exertion and exposure to the sun rays can all produce urticaria.^{28, 29} In considering cold urticaria, it is well to remember that this also might be due to the presence of cryoglobulinemia.^{30, 31}

3. *Inhalants:* Silk, old cotton, dust, perfumes, hair sprays, insect sprays and animal dander have all caused urticaria by inhalation. Although not common, urticaria from inhalation of pollen is not rare.³² It is in this group that skin testing is exceedingly valuable.

4. *Miscellaneous:* Rarely urticaria is seen with such diseases as diabetes, syphilis, brucellosis, malignancy and lymphomas. Insect bites are also to be considered.³³⁻⁴¹

IV. DIAGNOSIS: The recurrent, usually bilateral, asymmetrical, evanescent, reversible, discrete, raised wheals offer little difficulty in diagnosis. Subjective complaints will vary from being negligible to being severe.

Angioneurotic edema differs in being in the deeper layers of the corium and the subcutaneous tissues. Tingling and numbness are more apt to be present than is pruritus. The swelling in angioneurotic edema disappears more slowly

in response to adrenergic and antihistaminic drugs.

V. DIFFERENTIAL DIAGNOSIS: Other types of edema must be ruled out. Elephantiasis nostras, a streptococcic lymphedema, may be confusing, especially when it involves the upper lip.^{3, 11, 42} Dermographism is to be considered. When one sees the eruption under pressure areas such as the belt and shoulder straps, a diagnosis of pressure urticaria can be made.

It is well to take a good look. The complaint of urticaria may be a pruritis secondary to diabetes, scabies, insect bites, or a manifestation of vagabond's disease. If one does not see the eruption, the diagnosis is not absolute. When due to physical agents, direct exposure should reproduce the hives.

VI. MANAGEMENT: Management of urticaria can be divided into two categories: removal of the cause, and symptomatic care.

1. *Removal of Cause:* It would seem that the most logical approach would be to investigate the many causes, ruling out first the more common causes and proceeding to the less common causes. This, unquestionably, is the most important phase in the care of the patient who presents himself with chronic urticaria.

(a) Remove drugs.

(b) Remove dietary factors as outlined.

(c) A thorough search for infectious factors includes, first, a physical examination. This should be supplemented by whatever laboratory work seems indicated. A blood count, urinalysis, blood sugar, sedimentation rate, stool examinations, x-ray of teeth, sinuses, chest, G. I. tract and gallbladder each may lead to a correct diagnosis.

(d) An understanding that emotions may be a factor or the only factor, is to be remembered. Here, the doctor who knows the family is often in an excellent position to understand the stresses and strains under which the patient is laboring. His understanding, sympathy, and acceptance of the patient and his problems may result in an apparently miraculous cure.

(e) Rarer causes should be sought. When due to inhalants, avoidance and hyposensitization may be indicated. Hyposensitization is also indicated in severe urticaria and angioneu-

rotic edema from mosquito bites, wasp and bee stings.^{36, 43} This is especially true in beekeepers and farmers where exposure is apt to be heavy and death from anaphylaxis is a constant danger.

Again one must not forget that, rarely, such diseases as diabetes, syphilis, carcinoma, and lymphomas will produce urticaria. There are recorded cases in which the urticaria disappeared following removal of a neoplasm.³

2. *Symptomatic Therapy:* Adrenergic drugs head the list. Epinephrine and ephedrine usually give prompt relief but it is not long lasting. Antihistaminic drugs have been a valuable addition to our armamentarium. Often, in urticaria, it is necessary to give twice or more the usual dose of these drugs to achieve symptomatic relief. Since the advent of these drugs, topical therapy is seldom necessary.

Occasionally intravenous aminophylline^{44, 45} or nicotinic acid^{3, 46} will give relief (sometimes lasting) where other drugs fail.

Histamine both intravenously and in small, gradually increasing doses is occasionally beneficial in physical allergy.⁴⁷⁻⁴⁸ Histamine-azoprotein also has been used with success.^{49, 50}

Vitamin K,^{51, 52} vitamin B-12,⁵³ intravenous calcium,⁵⁴ autohemotherapy,⁵⁵ pronestyl,⁵⁶ and intravenous procaine⁵⁷⁻⁶⁰ all have their advocates. It must be remembered in evaluating any drug, that chronic urticaria is subject to inexplorable remissions. Drug therapy may be coincidental rather than curative.

Steroids are mentioned only to condemn them. Although their administration nearly always relieves symptoms, the diagnosis is still in question and the patient is taking a drug with many potential dangers. It is conceivable that in a self-limited disease such as serum sickness, or where morbidity is so severe that the patient needs a respite, steroids would serve as an adjunct to other care. On discontinuing steroids in any but self-limited urticaria, there will be a recurrence.

SUMMARY AND CONCLUSIONS

Chronic urticaria is most frequently caused by drugs, foods, infections, and psychogenic factors. Rarer factors include contactants, physical agents, inhalants, diabetes, syphilis, brucellosis, malignancy, lymphomas, and insect bites.

Management includes removal of cause, insofar as is possible, and symptomatic care. In the case of inhalants, hyposensitization is sometimes necessary. In physical allergy, histamine and histamine-azoprotein are sometimes of aid.

In the symptomatic care of patients with chronic urticaria, adrenergic drugs such as epinephrine and ephedrine, antihistamines, intravenous aminophylline, and nicotinic acid are most valuable. Psychotherapy may play a part and psychogenic factors appear to be the sole cause in some cases.

It is to be remembered that in spite of the most expert care, some cases go unsolved. It is also well to remember that chronic urticaria is subject to spontaneous remissions, so that results of therapy are sometimes difficult to evaluate. This is no doubt the reason for the long list of therapeutic agents recommended for chronic urticaria.

A systematic approach to the problem is presented.

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NEW FILM ON AUTO CRASH INJURIES AVAILABLE

A 15-minute motion picture on the part being played by the medical profession in the prevention of auto crash injuries has been released jointly by the American Medical Association and the Ford Motor Company.

Entitled "On Impact," the film is based on scientific information about auto injuries presented at the AMA's Annual Meeting last June. Participants include Dr. Fletcher D. Woodward of the University of Virginia School of Medicine and chairman of AMA's Committee on Medical Aspects of Automobile Injuries and Deaths, and Dr. John O. Moore of Cornell University Medical College.

One interesting sequence in the motion picture shows how design engineers run test accidents to see what the impact does to dummy occupants.

Prints of "On Impact" are being sent to all television stations in the United States for possible use on public service time. In addition, the feature can be booked from the AMA's Film Library by county and state medical societies and their auxiliaries for showing at meetings or to the general public.

Why People Want to Adopt Children

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Author's Note: The physician has two important interests in adoption procedures: (1) to help his patients who are childless to decide if they should adopt children; and (2) to promote better community adoption agencies to serve his patients. The following paper was read before the Citizens' Adoption Committee of the Marion County Health and Welfare Council. Any adoption study should include a careful evaluation of the child, the natural parents and the adoptive parents. This paper demonstrates the complexity of evaluating potential adoptive parents and stresses the need for special training for adoptive investigators.

EMPHASIS ON THE MOTIVES of adoptive parents is a natural result of our modern ideas about adoption. In former centuries adoption was considered purely a legal matter and was primarily concerned with the legal transfer of estates, titles of nobility, and other matters of inheritance. As the ideas of democracy developed and the worth of the individual became recognized, the concept of protecting children inserted itself into the rationale of adoptive laws. It is significant that modern adoptive laws developed in the nineteenth and twentieth centuries in the United States and were later adopted by older countries. Prior to 1921 there was nothing in the common law of Great Britain about adoption. In February 1921, Lord Gorell in the House of Lords stated, "My Lords, . . . The second of the matters (referring to some committee recommendations) was the whole question of protecting children who were adopted from improper motives . . . That seems to me to be the most important side of child adoption." Later, in 1928, in a review of English Adoption Laws, W. C. Hall stated that the modern concept of adoption is the "conferring of the privileges of parenthood upon the childless and the protection of parents upon the parentless". Modern psychology and psychiatry have broadened further this concept of "protection of the adopted child". It is an accepted fact and studies have proved

that permanent parents in a stable home, while not guaranteeing, will greatly enhance any individual's chance of avoiding serious maladjustment or emotional illness in later life.

WHAT IS MOTHERLINESS?

Most applications for adoption are initiated by the wife. It is natural for adults to want to have children. We must consider the applicant's "motherliness" as well as her motives. "Motherliness" is a very difficult thing to evaluate. Most of us have a personal concept of the ideal mother. It is probably some compromise between what our own mother was like and what we wish she had been like. This ideal mother-figure, or concept of motherliness, would not be valid or useful in assessing a potential adoptive mother. It is too personal. Motherliness appears to be a composite of instinctual psychological and biological factors which are both conscious and unconscious. We need to have much more scientific data on what constitutes and leads towards motherliness, as well as what factors lead away from it. Helene Deutsch* comes close to a concise psychological definition of motherliness. She describes it as a delicate balance or harmonious interplay between narcissistic tendencies and masochistic readiness for painful giving and loving. Stated more simply, and I hope without losing

* Director, Child Guidance Clinic of Marion County, Inc., Indianapolis, Indiana.

* Deutsch, Helene, *PSYCHOLOGY OF WOMEN*, Vol. II, New York, Grune & Stratton, 1945, pp. 17-56.

its validity, we can say motherliness is a balance between the woman's need to be loved and her capacity to give love in an altruistic sense. This concept of motherliness is, according to Deutsch, characteristic of the truly feminine woman.

We should consider three things regarding motivating factors in adoption. These are the motivating factors themselves, how we discover these motives in any given applicant, and how this knowledge is utilized in the evaluation of the prospective adoptive parents.

THREE MOTIVE LEVELS

For purposes of discussion we may divide motivating factors into conscious, subconscious and unconscious ideas and feelings. The discoveries of psychoanalysis have revealed these three levels of motivation of any particular behavior. Conscious thoughts or feelings are those that an individual knows and can tell you about if he so desires. Thoughts and feelings in the subconscious area are those ideas which are not in the immediate awareness of the individual but usually can be recalled with some thought and introspection. Unconscious feelings and ideas are beyond the awareness of the individual. While they exert energy and direction upon a person's behavior, these feelings are not readily apparent to the individual himself and certainly not to the casual observer.

The conscious motives for adoption in prospective parents are those things that they will tell you, as well as those motives that they will not tell you, but of which they are aware. There are many conscious motives which we can list for purposes of discussion. "We like children" is one of the most common and certainly one of the best reasons for wanting to adopt a child. This reason is often accepted by the prospective parents and their friends as sufficient explanation of their application. However, I am disturbed by the frequency with which this reason is accepted by adoptive investigators without further explorations. Another very commonly stated reason is "We have been unable to have children". This is an excellent reason for wanting to adopt children. However, merely accepting this without further exploration assumes that it is natural and universal for all adults to desire to enter into an unselfish love relationship with one or more children. Unfortunately, this is not true. We

must follow up the fact that they have been unable to have children with the question of why this is so. The psychology of an adoptive mother is largely determined by her psychological motives for sterility (if any) and by her reaction to her renunciation.* Frequently social workers take great comfort in a doctor's report of some demonstrable organic cause of infertility. The demonstration of some physical reason why the parents do not have children should not cause us to cease exploring their psychological motives. The fact that a person is physically unable to conceive does not prove he or she has the ability to enter into this unselfish love relationship with a child. It merely demonstrates that they could not, even if they would. Except for a condition such as the actual absence of some part of the reproductive organs, it is not possible to say that any couple absolutely cannot achieve conception. It is known that some of the most severely physically handicapped women in the world have been able to conceive under certain conditions. Fertility or infertility is not a static, fixed condition, but does vary from time to time. Empirically recognizing the rather frequent vague connection between inability to conceive and psychological attitude toward parenthood, some of us who work with children have concluded that God protects little children, even if doctors and social workers don't.

INFERTILITY

Infertility may often be connected with fear of pregnancy and other problems in the sexual area. In any case of infertility it is necessary to have a very detailed exploration of exactly what the parents have done about their sterility, as well as their attitudes toward this condition. In addition, we must have a detailed history of contraceptive measures used and the sexual relationship between the couple. These are sensitive areas and there is a tendency to leave this up to the doctor and to accept his conclusions. I do not feel the adoptive investigator should leave this area entirely to the doctor. These histories are most difficult to obtain and a review for accuracy to permit the couple to correct any erroneous information they may have given previously is certainly indicated. We can assume, but cannot always positively be sure, that the doctor has exhaustively explored these areas. Then, too, for

* Ibid.

various reasons, it may sometimes be difficult for the doctor to share completely this information with the worker. Exploration of these areas can be an excellent method of revealing unconscious and conscious motivating factors and can give considerable insight into the relationship of the couple to each other. I had a rather recent striking example of this. Naturally, by the time the parents have brought their child to a psychiatrist, they may be ready to reveal things that they did not reveal in the original adoption study. In this case, the reason for infertility came out relatively soon in our diagnostic evaluation, including a review of the original reasons for adoption. Infertility was present because the marriage had never been consummated. I cannot help feeling that this information would not have been withheld if the questions had been asked directly and simply in the original adoptive study.

QUESTIONS ELICIT REASONS

There are many other conscious motivating factors which often are not revealed unless the person is asked. The couple may have applied because either the husband or the wife wants a child "so badly". They may desire to replace a child that died. They may wish to have a mixture of sexes in the family, or sometimes they want to provide a companion for an only child. Jealousy of friends or sisters who have had no difficulty in producing their own families may motivate a couple to adopt child. Pressure from potential grandparents can be significant. I knew of one case in which the adoption occurred because of pressure from friends. The mother in question had not been able to have children of her own, although many of her friends had large families. Perhaps because of feeling of inferiority or other reasons she lamented her sterility loudly and frequently at her bridge parties and other social gatherings. She talked a great deal about her own misfortune and the good fortune of her friends. Finally an energetic friend of hers, who either wanted to help or to call her bluff, learned of a baby about to be born and placed for adoption. The friend made all the arrangements to the extent that our mother in question was forced to accept the baby in order to save face. Another rather unusual conscious reason for wanting to adopt a child came to my attention recently. The woman was planning a divorce and felt a child would prevent her husband

from getting by too cheaply in the final settlement. Sometimes a child is desired because the parents are bored with each other, or they have a hope that it will save a failing marriage. At times a child has been adopted in order to keep relatives from an inheritance.

There is no distinct line between subconscious and conscious motives. The degree of conscious awareness seems to vary from individual to individual. Therefore, many of the above reasons, such as a waning marriage, may be partly subconscious. The subconscious motives can frequently be brought out as the applicant becomes comfortable with the interviewer and is encouraged to give his hopes and fantasies about the adoption. Fear of pregnancy may be partly subconscious. A subconscious hostility to a husband or wife may provide strong motivation to adopt children. There was an instance in which the father had a great deal of feeling about the mother's lack of desire to have a family. Society will accept this attitude in the husband much more readily than in the wife. The husband used this social attitude to coerce his wife into adopting a child. Faced with the real possibility of getting a child, she was unable to say to her husband, or even to herself, that she did not want it. Sometimes parents subconsciously hope to provide something better for some child than they have had. This may be better economic, emotional or educational advantages. There may be the hope that it will give the husband some "sense of responsibility and settle him down." People have sought an adoptive child in the vague hope that it will ward off a mental breakdown in themselves or in their marital partner. It is very common to hear, "If she only had a child it would help her and she would feel better or straighten up". An adoptive child may be desired to replace the void left by a recently deceased parent. There also may be considerable feeling about having no one to carry on the family name.

ROLE OF NEUROTIC CONFLICTS

As stated above, true feelings of motherliness are perhaps the strongest and the most positive motives for adopting a child. Motherliness is largely instinctual and unconscious. It may be experienced consciously as an intense yearning or a frustration. Another unconscious motivating factor which is probably not so positive may be

an aversion to sexuality. The fear of the reproductive function may be greater than the desire to be a mother. I do not know if fatherliness can be so easily described as a personality characteristic. No doubt it does exist, but I do not know of any scientific studies that have been made to search for its origins. This might prove a fruitful area for exploration by some energetic research-minded individual. An unconscious search for love or for a different kind of love may motivate an individual to adopt a child. This, in itself, is not necessarily disqualifying. Sometimes a child is wanted in a vague hope that it will resolve very deep neurotic conflicts. This would be most difficult for the investigator to evaluate. Sometimes these neurotic conflicts and their connection to an adoptive application are revealed only in the course of intensive psychotherapy. However, ambivalent feelings about the adoption itself may reveal themselves. These feelings are outward clues that the individual has considerable neurotic conflict about parenthood or about this type of parenthood. In considering unconscious motivations for adopting children, there is the special case of the single woman. As far as I know, there is no absolute rule about whether such adoptions are good or all bad. However, extremely careful evaluation of such an application is needed.

EVALUATING THE MOTIVES

In listing motives for adoption, I have implied some of the methods by which we can learn these facts. Both direct and indirect interview techniques must be used, in order to bring out the facts. Frequently, when parents apply for adoption, they have not given deep, serious thought to their motives. It is the case worker's job to help them do so at this time. I will not discuss specific interviewing techniques. It would be quite presumptuous for me to attempt to review in a few sentences what the Indiana School of Social Work spends two years teaching. However, I do believe that the success in eliciting the motivating factors will be directly proportionate to the worker's interviewing skill and his psychological insight.

Evaluation of this material after it is obtained is extremely difficult and, insofar as possible, we should avoid personal value judgment in assessing desirability. It is not possible to list the various motivating factors, as I have done, and

then assign them certain positive and negative value. Each case must be individualized and the total productions of the adoptive parents taken into account. It is necessary for the worker to know the fears, the hopes and the anxieties of the expectant adoptive parents. However, these fears and hopes are the same as those that occur in natural expectant parents. We are concerned not so much about their presence, but how the individuals handle these feelings. I think only by reviewing and re-reviewing cases, plus considerable research, can we sharpen our skills of evaluation and predication to the degree we would like to have them. There are no black or white factors. We must remember that many women mature to motherhood only after having had a child.

AVOID "PLAYING GOD"

The motives of the mother and the father are of equal importance. I think it is also appropriate for the worker to examine his own motives at this point. I mean his own motives for doing this type of work. There is great danger that this work appeals to our own narcissistic feelings of omnipotence and we are tempted to play God. I would like to propose one method of using this material in evaluation. Probably some of you already do this, and others don't. It seems to me that we should develop some skill in getting prospective parents to share the responsibility in evaluating their capacity as potential parents, after the worker has skillfully helped them uncover their conscious and unconscious motivations. There are two advantages to this approach. If it can be a joint decision, it will relieve the worker somewhat from playing God, and deciding who is a good parent and who is a bad parent. The second advantage is that it will tend to prevent the applicants from shopping at other agencies, or resorting to "black" and "grey" markets. If they have actively participated in the decision not to take a child and have accepted this decision as their own, they may be willing to wait or to give up the idea of adoption when indicated. There are many facets of personality evaluation that should be helpful in assessing prospective adoptive families. As our knowledge of human beings and their motivations grows larger, the task of adoptive study becomes increasingly more difficult and requires infinitely more skill. To me, this is as it should be.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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TOO TECHNICAL . . . AND PRETTY DISCOURAGING

IT REALLY IS NOT DIFFICULT to attract practicing physicians to areas where they are needed. All that is required usually is foresightedness, some common sense, and cooperation. The medical profession and public-spirited laymen for quite some time have been solving the problem in Indiana.

In the midst of efforts by many individuals and organizations to encourage the location of physicians in small and rural communities, and in other localities where medical care is scarce, it is startling to read of incidents which do much to counteract all such good work.

A news item of recent date from a medium small town in Indiana announces a legal victory for the municipality in a case in which the town had sued a young doctor because his office was located in an area which was restricted to residential use.

The real kicker is that the zoning ordinance provides that a physician may have his office in

his home in a restricted zone, but he may not live in one house and have his office in another.

All of which adds up to a pretty dreary situation. The doctor in this case lives on another street, but purchased the residence in question, remodeled it for office use, and has been occupying it as an office for almost a year. Now he discovers that he can no longer do so.

No quarrel can be made with the legal points in the case. Apparently the verdict is as legal as can be, but as sometimes happens it is legal, but still not quite right. Somewhere along the line something slipped. The doctor, after his World War II service, established his practice, and presumably with legal building permits remodeled a dwelling for office use and now is forbidden to use it. He, no doubt, will also have some difficulty in disposing of the property as a residence.

It is, to use a military expression, a sad case. It is to be hoped that a better solution will be

found. It is an unfortunate situation, not only for the doctor personally, but as an example of one of the many things which occur unwittingly to hamper the practice of medicine.

Everyone who is interested in promoting good medical coverage for areas which are in short supply of the same should be acquainted with this and similar occurrences.

CONNECTICUT CANCER REGISTER

IN 1933 the Connecticut State Medical Society formed a tumor study committee. In 1935 a state law led to the organization of a division of cancer research in the Connecticut State Department of Health.

Since then the Association of Connecticut Tumor Clinics and the Connecticut Division of the American Cancer Society have joined with the others and formed a four-way cooperative venture for the control of cancer. A committee of the state medical society sponsors and coordinates the program.

Clinical work, lay and professional education, promotion of research, service to patients, operation of cancer clinics and collection of clinical data have all been supervised by appropriate units of the organization.

A Cancer Record Register has been maintained by the state board of health. A recent report¹ of survival rates based on 75,494 cases of cancer diagnosed and followed over a 17-year period outlined some reliable and interesting statistics.

For purposes of comparison, the cases were compiled and studied in three five-year periods—1935-1940, 1941-1946 and 1947-1951.

A steady improvement in five-year survival rates for the series as a whole is demonstrated when the three periods are compared. Nineteen percent of male patients diagnosed between 1935 and 1940 were alive after five years. Twenty-five percent of male patients diagnosed during the period 1947 through 1951 survived for five years. For females the two percentages were 29 and 38.

When the cases were studied by primary sites, it became apparent, as would be expected, that

not all types of cancer participated in the improvement.

A marked increase in five-year survivals was demonstrated in cancer of the large intestine, rectum, uterus, prostate and endocrine glands.

Noteworthy improvement was noted in cancer of the larynx, breast, kidney, bladder and hematopoietic system.

Cancer of the stomach, lung, esophagus, ovary, bone and brain produced rather discouraging results. The prognosis was poor in this group of tumors even when diagnosis was made at a time when the lesion was considered as localized. Difficulty in diagnosis was considered as the major factor in the poor results obtained.

In general the study did not indicate any substantial change in the stage of the lesions at time of diagnosis. The higher survival rates for tumors treated at the same stage in the three five-year periods are therefore mainly due to improvements in treatment. For example, survival in localized tumors increased from 39 percent to 51 percent between the first and last of the periods covered.

Earlier case finding was a factor in increasing the five-year survivors for cancer of the cervix, breast, larynx and endocrine glands. No increase in the number of localized tumors was observed in cases of the large intestine, rectum, uterine corpus, prostate, kidney, bladder and hematopoietic system.

Paradoxically, in cancer of the breast, survival rates increased from period to period, where regional nodes were involved, but the rates for localized tumors remained the same.

Studies of the relation of types of therapy to survival rates will be reported later. These re-

ports will be of great significance. In males survival rates increased by 100 percent in cancer of the colon and 110 percent in cancer of the rectum. In females the increase in the same tumors was 136 percent and 138 percent. An increase in the survival rate for cancer of the cervix amounted to 51 percent.

All these increases were apparently the result

of better therapy. Review of these therapeutic plans will contribute immeasurably to the control of cancer.

REFERENCE

1. Griswold, Matthew H., M.D., Cutler, Sidney J., M.A., and Eisenberg, Henry, M.D. *New England J. Med.* 254:1062-1068 (June 7) 1956.

SEARS-ROEBUCK PLAN AIDS DISTRIBUTION OF M.D.'s

THE SEARS-ROEBUCK FOUNDATION recently made a report on the operations to date of their "Plan of Assistance for Physicians Establishing Medical Practice Units."

The "Plan" was inaugurated in 1955 with a grant of \$125,000. A similar amount was added for 1956. If experience proves the need for it, it is expected that \$125,000 will be added each year for a total of ten years.

The purpose of the plan is to loan money to physicians for the establishment of medical practice units in areas which are deficient in medical service.

Loans may vary from \$1,000 to \$25,000, and are made only to supplement funds which are borrowed from other sources. Loans are repayable within ten years or sooner. Repayment must start at least as soon as the fourth year. Interest is charged at the rate of six percent for the first three years.

In order to make the fund self-perpetuating and self-propagating, the monthly payments made after the start of the fourth year are increased by two, three or four dollars, so that by the time each \$1,000 has been repaid a total amount of \$1420 has returned to the fund.

Loan applications are considered on the basis of:

1. Professional qualifications of the applicant.

2. Availability of medical service in the community. (Best chance where medical facilities are meager.)
3. The extent of community participation.
4. Soundness of the local plan.
5. Loans are made only to make up the difference between the maximum amount that can be borrowed from other sources, and the total amount needed.
6. Loans will not be made for the purpose of refinancing current obligations.

In less than a year of operation 22 loans have been made to physicians in 15 states for a total of \$179,500.00.

In addition to the loan service, the Plan has published a really remarkable book called "Planning Guide for Establishing Medical Practice Units." It deals with almost every conceivable factor in the building of medical practice facilities. It is very well organized and presents its data in a logical fashion. It should be consulted by everyone who is planning an office building.

Because of the unforeseen demand and usefulness of the book it has recently been reprinted. A copy of it is available on loan from the Headquarters Office of the ISMA.

Indiana physicians who are interested in the loan plan should write the Sears-Roebuck Foundation, 8 East Congress Street, Chicago, 5.

MAPS

THE WORLD



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ACHROM



ACHROMYCIN*

Tetracycline Lederle

in the treatment of

respiratory infections


January and his associates¹ have written on the use of tetracycline (ACHROMYCIN) to treat 118 patients having various infections, most of them respiratory, including acute pharyngitis and tonsillitis, otitis media, sinusitis, acute and chronic bronchitis, asthmatic bronchitis, bronchiectasis, bronchial pneumonia, and lobar pneumonia. Response was judged good or satisfactory in more than 84% of the total cases.

Each month there are more and more reports like this in the literature, documenting the great worth and versatility of ACHROMYCIN. This antibiotic is unsurpassed in range of effectiveness. It provides rapid penetration, prompt control. Side effects, if any, are usually negligible.

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ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection—defends the patient—hastens normal recovery. For severe or prolonged illness. Stress formula as suggested by the National Research Council. Offered in Capsules of 250 mg. and in an Oral Suspension, 125 mg. per 5 cc. teaspoonful.

 For more rapid and complete absorption.
Offered only by Lederle!

¹January, H. L. et al: Clinical experience with tetracycline. *Antibiotics Annual* 1954-55, p. 625.



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The President's Page

THE RECENT MEETING of the AMA was a splendid exhibition of medical democracy at work.

While there were undercurrents of politics, the majority of attending men were more interested in the wonderful exhibits of improved methods and elaborate presentations of actual disease results, so carefully prepared by hard working men with vision. Four lines of exhibits, each three-quarters of a mile long, presented a panorama of present-day progress. The scientific programs were representative of the best thinking of the profession. They would have been equivalent to a college course if one could have attended all of them.

But the outstanding feature was the good fellowship among men from every state. "Open house", with the usual complementary features, appeared everywhere and Indiana's hospitality room was an outstanding center where Indiana doctors and visitors from many states were welcomed. The interchange of social amenities can be productive only of good, demonstrating the harmony among doctors.

The discussions in the House manifested an overall intention of approving only the matters good for every physician.

The debatable accreditation setup was handled without acrimony and this came about by the generally acceptable report of the committee headed by our Dr. Wendell C. Stover. We shall hear less of impractical regulations issued by well-meaning men with conception of procedures desirable only in great university hospitals, and not suitable to the average hospital. The rebellion of the mass won out, demonstrating that no group has sufficient prestige to ram unpopular measures through. Again, this is evidence that the GP is reasserting control of medicine with the specialties resuming their actual proportions as parts of the whole instead of autocratic leaders.

If a lesson can be drawn from the meeting, it is that consideration of political measures affecting the mass of physicians, and accentuating friendly relations have supplanted the purely scientific aspect of previous conventions. There are so many special societies and so much printed matter that greater emphasis should prevail in medical meetings at state and county levels on establishing harmony and good personal relations between individuals, thus cementing the profession into a stronger group. This in turn creates a cohesive militant profession, able to move with a single purpose.

It has been my observation for many years that local societies have the highest standards when their meetings have few so-called scientific discus-

sions and much social activity. Competition and the desire to equal furnishes sufficient impetus toward higher scientific standards. The growing use of movies and of tape recordings insure the best in current knowledge and are supplanting so-called scientific papers, which rarely give a fresh personal presentation.

The local society, which is the foundation of all medical organization and the true representative of the profession, continues to be the principal source of strength and usable progress. To be an active participant in its activities is the hallmark of a real physician. Membership is a privilege and, as I have remarked before, should be conditional—based on continued active interest. It would be interesting and probably profitable if a few societies would set up a rigid attendance requirement on an experimental basis.

ADDENDA

At this time (August 10) we know little of the real intentions of the Department of Defense in implementing the dependents law. At Chicago, nearly unbelievable assurances were made. Our latest information is that the budget committee is objecting to the liberality promised. We must, as a State Association, help to set up whatever final contract is offered, but no individual physician is obliged to serve in this give-away program.

It is a direct step toward governmental control of medicine. But we simply must agree, as good citizens, to make an effort to carry it out, subject always to our reasonable views of fair terms.

At this time (August 10) we know absolutely nothing of final actions taken by the Defense Department. So far, we have only agreed to go along on the basis of the generous promises of the Department, which I will believe only when they are reduced to actuality in the contract.

Certainly our Executive Committee will study any contract, trying to do the right thing, but insisting that the right thing includes the end good of the profession and of the general public, who have to implement it in the first case and pay for it in the second.

W. H. Kennedy

PRELIMINARY PROGRAM

107th Annual Convention

INDIANA STATE MEDICAL ASSOCIATION

Murat Temple, Indianapolis

October 15, 16, 17, 18, 1956

Monday, October 15

Noon Executive Committee meeting.
3:00 p.m. Council meeting.
6:00 p.m. Meeting of House of Delegates.

Tuesday, October 16

8:30 a.m. Annual golf tournament.
Annual trap-skeet shoot.
9:00 a.m. Meetings of Reference Committees.
10-12 noon Instructional courses.
1 to 4 p.m. Instructional courses.
2 to 4 p.m. Meetings of Reference Committees.

Tuesday Evening, October 16

6:00 p.m. Annual dinner meeting for women physicians.
6:30 p.m. Buffet supper, smoker and stag party.
8:15 p.m. Entertainment for physicians, their wives, and guests.

Wednesday, October 17

SYMPOSIA

9:00 to 10:15 a.m.

- (1) DIAGNOSIS AND TREATMENT OF BENIGN AND MALIGNANT DISEASES OF THE THYROID.

Moderator: JOHN A. CAMPBELL, M.D., Indianapolis.

"Diagnosis with I-131,"

WILLIAM M. McCONAHEY, M.D., Rochester, Minnesota.

"Treatment of Benign Thyroid Conditions,"

DWIGHT E. CLARK, M.D., Chicago.

"I-131 in the Treatment of Toxic Goiter"

LINDON SEED, M.D., Chicago.

9:00 to 10:15 a.m.

- (2) COUNSELING OF ANXIOUS PARENTS IN NORMAL AND DISEASED CHILDREN.

Moderator: WILLIAM M. BROWNING, M.D., Indianapolis.

"The Retarded Child,"

JAMES E. SIMMONS, M.D., Indianapolis.

"Infantile Colic,"

THOMAS O. DORRANCE, M.D., Bluffton.

"Sleeping and Behavior Problems,"

WILLIAM C. VANCE, M.D., Richmond.

"The Spastic and Crippled Child,"

WENDELL E. BROWN, M.D., Indianapolis.

"Congenital Heart,"

BENJAMIN M. GASUL, M.D., Chicago.

9:00 to 10:15 a.m.

- (3) BACKACHE.

Moderator: JOSEPH B. DAVIS, M.D., Marion.

"Back Pain,"

F. KEITH BRADFORD, M.D., Houston, Texas.

"Vitamin B,"

CHARLES F. GREGORY, M.D., Dallas, Texas.

"Medical Aspects,"

HOWARD F. POLLEY, M.D., Rochester, Minnesota.

9:00 to 10:45 a.m.

- (4) INDUSTRIAL DERMATOSIS AND POISONING.

Moderator: LOUIS W. SPOLYAR, M.D., Indianapolis.

"Allergy in Industrial Dermatitis,"

IRVIN CAPLIN, M.D., Indianapolis.

"Office Dermatitis,"

BOYNTON H. BOOTH, M.D., Indianapolis.

"Industrial Dermatology,"

LOUIS SCHWARTZ, M.D., Washington, D. C.

10:45 to 12:00 noon

(1) ACUTE RENAL FAILURE.

Moderator: BILL L. MARTZ, M.D., Indianapolis.

"Diagnosis,"

ROBERT A. GARRETT, M.D., Indianapolis.

"Indications and Procedure for Hemodialysis,"

GEORGE T. LUKEMEYER, M.D., Indianapolis.

"Medical Management,"

JOHN F. PHILLIPS, M.D., Bluffton.

10:45 to 12:00 noon

(2) THE PROGRAM FOR PROVIDING MEDICAL CARE TO DEPENDENTS OF MILITARY PERSONNEL.

CAPTAIN J. V. NOEL, JR., Chairman of the Task Force Committee, Department of Defense, Division of Health and Medical Affairs, Washington, D. C.

THE PHYSICIAN'S RESPONSIBILITY UNDER THE EXPANDED SOCIAL SECURITY PROGRAM.

ARTHUR B. PRICE, M.D., Chief Medical Consultant, Division Disability Operations, Bureau of Old Age and Survivors Insurance, Social Security Administration, Baltimore, Md.

10:45 to 12:00 noon

(3) ALCOHOLISM AND ITS RELATIONSHIP TO THE PRACTICE OF MEDICINE AND SURGERY. (A Round Table.)

Moderator: LOUIS W. NIE, M.D., Indianapolis.

Participants:

JOHN P. LAMBERT, M.D., New York.

EDWARD G. BILLINGS, M.D., Denver, Colorado.

DONALD W. BRODIE, M.D., Indianapolis.

10:45 to 12:00 noon

(4) DIABETES.

Moderator: CHARLES E. TEST, M.D., Indianapolis.

"Oral Insulin Experimentation,"

WILLIAM R. KIRTLEY, M.D., Indianapolis.

"The Relation of the Endocrine Glands to Diabetes,"

PENN SKILLERN, JR., M.D., Cleveland.

GENERAL MEETING

2:00 p.m.

OBSTETRICS—a symposium.

Moderator: CARL P. HUBER, M.D., Indianapolis.

"Analgesia and Anesthesia in Pregnancy,"

RALPH A. REIS, M.D., Chicago.

"Placenta Abruptio,"

WILLIAM F. MENGERT, M.D., Chicago.

3:30 to 5:00 p.m.

USE OF HYPNOSIS IN MEDICAL PRACTICE—a demonstration.

"Hypnosis in General Practice,"

SEYMOUR HERSHMAN, M.D., Chicago.

"Hypnosis in Obstetrics and Gynecology,"

WILLIAM S. KROGER, M.D., Chicago.

"Hypnosis in Surgery,"

H. B. LINDSAY, M.D., Washington, Indiana.

Wednesday Evening, October 17

8:00 p.m.

President's night, Murat Theater

Thursday Morning, October 18

7:30 a.m.

Final meeting of House of Delegates.

Meeting of Council.

GENERAL MEETING

SYMPOSIA

10:30 a.m.

CARCINOMA OF THE BREAST.

Moderator: FREDERIC W. TAYLOR, M.D., Indianapolis.

"Pathological Aspects,"

FRANK VELLIOS, M.D., Indianapolis.

"Modern Surgical Treatment of Carcinoma of the Breast,"

EVERETT D. SUGARBAKER, M.D., Jefferson City, Missouri.

"Effect of Treatment on the Natural Course of Breast Cancer,"

W. D. GATCH, M.D., Indianapolis.

Thursday Afternoon, October 18

SECTION MEETINGS

All section meetings will begin at 2:00 p.m.
and end at 5:00 p.m.

Section on Surgery

SURGERY PROBLEMS OF MIDDLE AGE.

Moderator: RICHARD B. STOUT,
M.D., Elkhart.

"Pancreatitis,"

RICHARD R. HUGHES, M.D., La-
fayette.

"Duodenal Ulcers,"

NATHANIEL D. EWING, M.D.,
Vincennes.

"Gallbladder Disease,"

HAROLD D. CAYLOR, M.D., Bluff-
ton.

"Gastric Ulcer,"

FREDERIC W. TAYLOR, M.D., In-
dianapolis.

Section on Medicine

Moderator: RICHARD N. KENT,
M.D., Fort Wayne.

"Headaches,"

PHILIP T. WHITE, M.D., Indian-
apolis.

"Arrhythmias,"

CHARLES FISCH, M.D., Indian-
apolis.

"Rheumatoid Arthritis,"

JOHN S. SCHECHTER, M.D., Indi-
anapolis.

Section on Anesthesiology

THE CURARE PROBLEM.

Moderator: JOHN P. GRAF, M.D.,
South Bend.

Discussants:

HAROLD R. GRIFFITH, M.D., Mon-
treal, Canada.

CHARLES O. HAMILTON, M.D.,
South Bend.

PAUL A. LITTLEFIELD, M.D.,
Indianapolis.

EUGENE E. SCHMIDT, M.D., Fort
Wayne

Section on General Practice

Moderator: RUSSELL J. SPIVEY,
M.D., Indianapolis.

"The Common Variants of Epilepsy,"

WALTER C. ALVAREZ, M.D., Chi-
cago.

Section on Obstetrics and Gynecology

12:00 noon

Luncheon meeting.

Roundtable.

Moderator: CARL HABICH, M.D.,
Indianapolis.

*"Re-evaluation of Endocrine Therapy in
Obstetrics and Gynecology,"*

Discussion leader: RALPH A. REIS,
M.D., Chicago.

Section on Public Health and Preventive Medicine

12:00 noon

Luncheon meeting.

Moderator: WILSON L. DALTON,
M.D., Shelbyville.

*"Public Health and the Practicing Phy-
sician,"*

LEROY E. BURNEY, M.D., Surgeon
General, United States Public
Health Service, Washington, D. C.

Thursday Evening, October 18

7:00 p.m.

Annual dinner for physicians, their
wives, and guests.

Speaker: WALTER C. ALVAREZ,
M.D., Chicago.

*"Common Problems of the Doctor and
His Wife."*

CORRECTS MOST TYPES OF CONSTIPATION

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Blends with the Intestinal Contents, Soothes the Mucosa

*Metamucil is highly refined;
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All possible irritants (rough parts of the psyllium seed, undesirable oils and similar materials) are discarded during the refining process. A relatively small quantity of purified mucilloid powder is the result. To this is added an equal weight of pure anhydrous dextrose to insure complete dispersion in the colon.

Such meticulous preparation assures that only the bulk-producing mucilloid portion of the psyllium seed remains and that Metamucil will act as a purely "physiologic" constipation corrective, providing bland distention to stimulate the bowel muscularis.

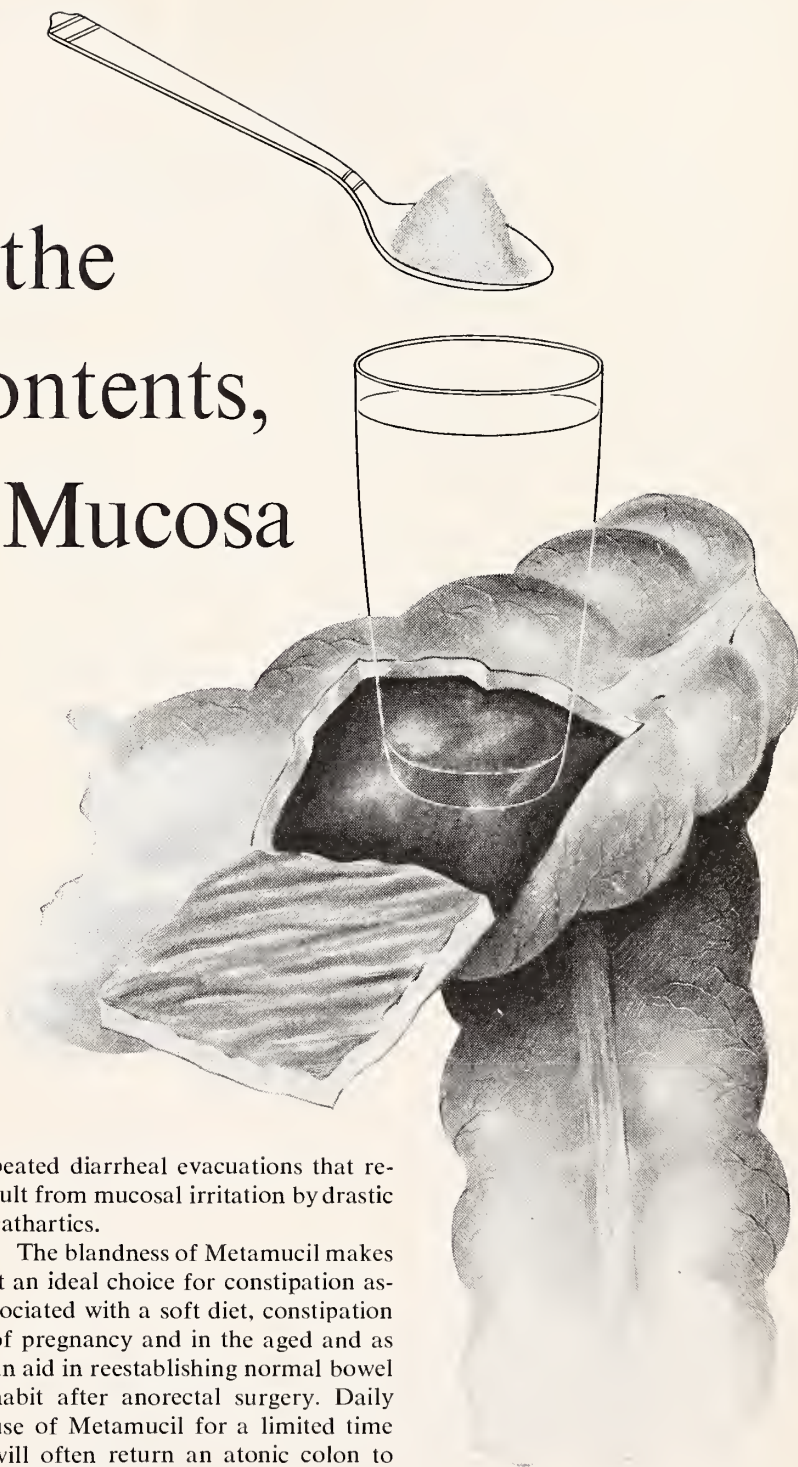
The Metamucil mixture (formed by adding water to Metamucil) elicits gentle colonic reflex peristalsis. Evacuations are normally formed and are not irritating. The bowel stimulation imparted by Metamucil is only sufficient to clear the colon of its contents; patients are not annoyed by the re-

peated diarrheal evacuations that result from mucosal irritation by drastic cathartics.

The blandness of Metamucil makes it an ideal choice for constipation associated with a soft diet, constipation of pregnancy and in the aged and as an aid in reestablishing normal bowel habit after anorectal surgery. Daily use of Metamucil for a limited time will often return an atonic colon to normal function.

Metamucil® is the highly refined mucilloid of *Plantago ovata* (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent. It is supplied in containers of 1 pound—also 4 ounces and 8 ounces.

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SEARLE

Abstracts:

ALDOSTERONE IN CLINICAL MEDICINE

Conn, J. W.: F. Mich. State Med. Soc., 55:169, 1956.
Aldosterone, at first called "electrocortin", was detected in 1952 and synthesized in 1955. Aldosterone has been found to be the urinary sodium retaining substance found in 1950 in the urine of cardiac and edematous nephrotics.

Dr. Conn believes that definite clinical states are produced by both over and under production of aldosterone, and he lists a number of such conditions, dividing them into primary and secondary types, depending on whether the abnormality is in the adrenal gland itself or extra-adrenal. This concept brings order into a number of poorly understood syndromes. Secretion of aldosterone is not stimulated by ACTH, and its secretion does not vary parallel with that of the 17-ketosteroids or 17-hydroxycorticoids. Administration of ACTH or cortisone will cause great diuresis in edematous nephrotics with a reduction in the amount of aldosterone in the urine. Removal of the hypophysis does not cause significant reduction in the output of aldosterone. The author discusses briefly the clinical pictures seen in increased and decreased excretion of aldosterone.

The bibliography is extensive.
Stephen L. Johnson, M.D., Evansville.

RADIOISOTOPE STUDIES OF THE PHYSIOLOGY OF CALCIFIED TISSUES

Armstrong, Wallace D., M.D., Minneapolis, Minnesota. Minnesota Medicine.
Consideration is given to the physiologic changes which occur in bones and the author uses radio active calcium and sodium to demonstrate that metabolism is continuous even in the teeth. These experiments show that the inorganic salt in the bones continues to be exchanged in the normal process of metabolism.

Robert Sanderson, M.D., South Bend.

HYPERTENSIVE ENCEPHALOPATHY VERSUS SCHIZOPHRENIA

Adkins, Galen H., M.D., Fahr, George, M.D., and Bernstein, Irving C., M.D., Anoka Minnesota. Minnesota Medicine.
The case history of a man is reported to indicate that hypertensive disease may produce symptoms that can be mistaken for psychiatric illness. A detailed study is reported, however, suggesting that during the time of evident hypertensive encephalopathy the patient was definitely psychotic. While the report is interesting it does not appear to be particularly convincing except to show that psychosis and hypertension may occur at the same time in the same patient.
Robert Sanderson, M.D., South Bend.

CAN YOU IGNORE AIDS TO EARLIER DIAGNOSIS IN ACUTE APPENDICITIS?

Keyes, E. L. and Hawk, B. O.: Postgraduate Med., 18:174, 1955.
The authors condemn the classic criteria for diagnosis, namely: pain, nausea and vomiting, and right-sided tenderness, saying that this triad is absent in about 50% of the cases. They believe another triad, namely: mid-line persistent pain, anorexia, and "downward urge" occurs during the first eight hours in about 90% of cases. Further, they found rectal tenderness present more frequently than tenderness in the right iliac fossa during the first eight hours and increasingly more frequent after the eighth hour. They found leukocytosis above 10,000 usually present from the beginning. Localization to the right lower quadrant appeared on an average of 22 hours after the onset of mid-line pain. The article concluded by quoting Dr. S. C. Harvey's report of Harvey Cushing's appendectomy in 1897, and noted that he accepted his surgery without having vomited and without definite localization of right lower quadrant pain.
Stephen L. Johnson, M.D., Evansville.

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Hamatropine Methylbromide.....	2.5 mg.

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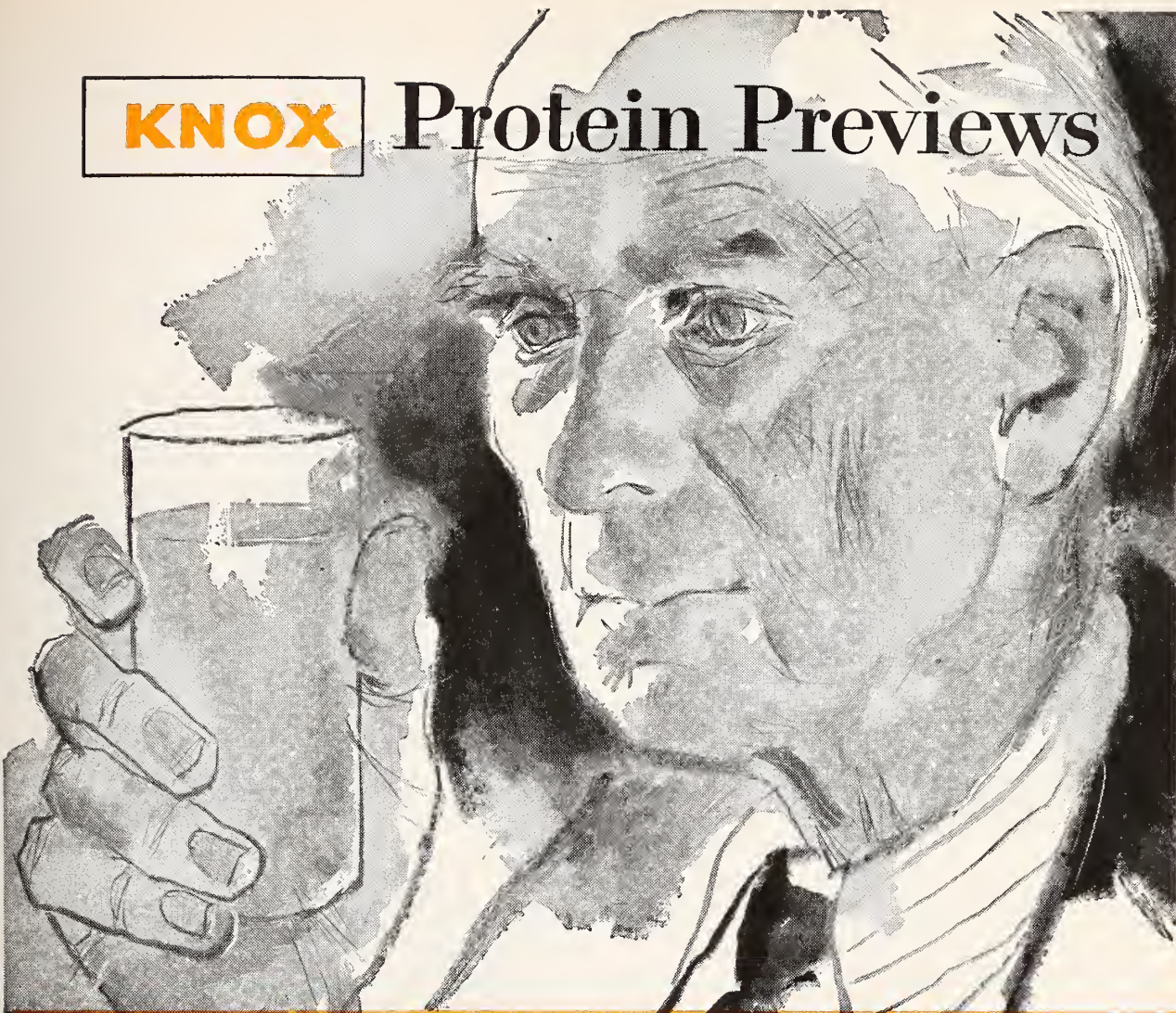
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The Woman's Auxiliary

REPORTS TO I.S.M.A.

Indiana was honored at the National Convention in Chicago in June by the election of Mrs. Frank Gastineau (Ethel) to the office of Third Vice-President of the Auxiliary to the American Medical Association. Ethel has been National Chairman for the American Medical Education Foundation for the last four years, and was a member of the Board of Directors for two years.



Mrs. Gastineau

She was a charter member of the Indiana organization, and also a charter member of the Indianapolis Auxiliary. She has served in many capacities in our State Auxiliary, having been State President two years.

We offer her our hearty cooperation and congratulations in her new National office.



Two other Indiana Auxiliary members received national recognition. We wish to congratulate these two former State Presidents.

Mrs. J. Winford Mather (Helen) was elected to serve on the 1957 National Nominating Committee.

Mrs. Francis Fargher (Helen) of Michigan City was appointed National AMEF Chairman.



Mrs. Mather



Mrs. Fargher



The Woman's Auxiliary to the Indiana State Medical Association is divided into 13 Councilor Districts, similar to the State Association.

Each district elects a Councilor to serve a term of three years. One third of them are elected each year, thus keeping a nucleus familiar with the Auxiliary work and projects.

Mrs. Harold O. Williams, Kendallville, is 12th District Councilor and Chairman of the Council.



Mrs. Williams





Mrs. Ratcliffe



Mrs. Williams



Mrs. Baker



Mrs. Merrill



Mrs. Green



Mrs. Records



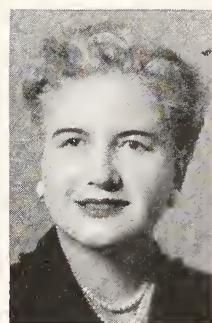
Mrs. Babb



Mrs. Brown



Mrs. Wagoner



Mrs. Stout

The following Councilors, pictured above, are serving at this time:

District

1. Mrs. A. W. Ratcliffe, 501 S.E. First Street, Evansville.
2. Mrs. Sam Rotman, Jasonvill (no photograph).
3. Mrs. Fielding Williams, Huntingburg.
4. Mrs. Leslie Baker, 204 Fifth Street, Aurora.
5. Mrs. Basil Merrell, 516 South Market Street, Rockville.
6. Mrs. Frank Green, 516 North Morgan Street, Rushville.
7. Mrs. Arthur Records, Franklin.
8. Mrs. L. B. Chambers, 800 Columbus Street, Union City (no photograph).
9. Mrs. Forrest J. Babb, Stockwell.
10. Mrs. James C. Brown, 458 Park Avenue, Valparaiso.
11. Mrs. George Wagoner, 305 West Summit Street, Delphi.
13. Mrs. Richard B. Stout, 1501 Greenleaf Avenue, Elkhart.

Julia Tindall

Mrs. William R. Tindall, President

Dependents' Medical Care Act

Note: Public Law 569, which provides medical care for dependents of members of the uniformed services and which is effective December 7, 1956, is reproduced here for the information of Indiana physicians who may be uniformly affected by provisions in the Act.

Public Law 569—84th Congress
Chapter 374—2d Session
H. R. 9429

AN ACT

All 70 Stat. 250.

Dependents'
Medical Care
Act.

To provide medical care for dependents of members of the uniformed services, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Dependents' Medical Care Act".

TITLE I

Purpose.

SEC. 101. The purpose of this Act is to create and maintain high morale throughout the uniformed services by providing an improved and uniform program of medical care for members of the uniformed services and their dependents.

"Uniformed
services".

SEC. 102. (a) As used in this Act—

(1) The term "uniformed services" means the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the Commissioned Corps of the Coast and Geodetic Survey, and the Commissioned Corps of the Public Health Service.

"Member of a
uniformed
service".

(2) The term "member of a uniformed service" means a person appointed, enlisted, inducted or called, ordered or conscripted in a uniformed service who is serving on active duty or active duty for training pursuant to a call or order that does not specify a period of thirty days or less.

"Retired member
of a uniformed
service".

(3) The term "retired member of a uniformed service" means a member or former member of a uniformed service who is entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than a member or former member entitled to retired or retirement pay under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948 who has served less than eight years of active duty as defined in section 101 (b) of the Armed Forces Reserve Act of 1952.

62 Stat. 1087,
10 USC 1036-
1036i and notes.
66 Stat. 481.
50 USC 901.
"Dependent".

(4) The term "dependent" means any person who bears to a member or retired member of a uniformed service, or to a person who died while a member or retired member of a uniformed service, any of the following relationships—

(A) the lawful wife;

(B) the unremarried widow;

(C) the lawful husband, if he is in fact dependent on the member or retired member for over one-half of his support;

(D) the unremarried widower, if he was in fact dependent upon the member or retired member at the time of her death for over one-half of his support because of a mental or physical incapacity;

(E) an unmarried legitimate child (including an adopted child or stepchild), if such child has not passed his twenty-first birthday;

(F) a parent or parent-in-law, if the said parent or parent-in-law is, or was at the time of the member's or retired member's death, in fact dependent on the said member or retired member for over one-half of his support and is, or was at the time of the

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- In the acute alcoholic
- In the acute psychotic
- In the drug addict

A potent new agent in chemopsychotherapeutics, SPARINE has demonstrated a marked ability to calm and relax acutely agitated patients.^{1,2} Without inducing disabling lethargy or dulling perception, SPARINE "... is effective in ... maintaining these subjects in a quiescent detached state. ..."¹

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1. Fazekas, J.F., et al.: J.A.M.A. 161:46 (May 5) 1956. 2. Mitchell, E.H.: J.A.M.A. 161:44 (May 5) 1956.

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Sparine*

Hydrochloride

Promazine Hydrochloride

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*Trademark



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member's or retired member's death, actually residing in the household of the said member or retired member; or

All 70 Stat. 251.

(G) an unmarried legitimate child (including an adopted child or stepchild) who (i) has passed his twenty-first birthday, if the child is incapable of self-support because of a mental or physical incapacity that existed prior to his reaching the age of twenty-one and is, or was at the time of the member's or retired member's death, in fact dependent on him for over one-half of his support, or (ii) has not passed his twenty-third birthday and is enrolled in a full-time course of study in an institution of higher learning as approved by the Secretary of Defense or the Secretary of Health, Education, and Welfare and is, or was at the time of the member's or the retired member's death, in fact dependent on him for over one-half of his support.

Administration.

(b) Except as otherwise provided in this Act, the Secretary of Defense shall administer this Act for the Army, Navy, Air Force, and Marine Corps and for the Coast Guard when it is operating as a service in the Navy, and the Secretary of Health, Education, and Welfare shall administer it for the Coast and Geodetic Survey and the Public Health Service, and for the Coast Guard when it is not operating as a service in the Navy.

Utilization of medical facilities.

SEC. 103. (a) Whenever requested, medical care shall be given dependents of members of a uniformed service, and dependents of persons who died while a member of a uniformed service, in medical facilities of the uniformed services subject to the availability of space, facilities, and the capabilities of the medical staff. Any determination made by the medical officer or contract surgeon in charge, or his designee, as to availability of space, facilities, and the capabilities of the medical staff, shall be conclusive. The medical care of such dependents provided for in medical facilities of the uniformed services shall in no way interfere with the primary mission of those facilities.

(b) In order to provide more effective utilization of medical facilities of the uniformed services, the Secretary of Defense and the Secretary of Health, Education, and Welfare shall jointly prescribe regulations to insure that dependents entitled to medical care in a medical facility of a uniformed service under the provisions of this Act shall not be denied equal opportunity for medical care because of the service affiliation of the service member.

Charges.

(c) The Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, shall establish fair charges for inpatient medical care given dependents in the facilities of the uniformed services, which charges shall be the same for all dependents.

(d) As a restraint on excessive demands for medical care under this section, uniform minimal charges may be imposed for outpatient care but such charges shall be limited to such amounts, if any, as may be established by the Secretary of Defense after consultation with the Secretary of Health, Education, and Welfare, under a special finding that such charges are necessary.

(e) Any amounts that are received in payment for subsistence and medical care rendered dependents in facilities of the uniformed services shall be deposited to the credit of the appropriation supporting the maintenance and operation of the facilities furnishing the care.

Limitations.

(f) Medical care under this section shall be limited to the following:

- (1) Diagnosis;
- (2) Treatment of acute medical and surgical conditions;
- (3) Treatment of contagious diseases;
- (4) Immunization; and
- (5) Maternity and infant care.

(g) (1) Hospitalization under this section is not authorized dependents for domiciliary care.

(2) Hospitalization under this section is not authorized dependents for nervous and mental disorders, chronic diseases, or elective medical and surgical treatments, except that the Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, by regulation, may provide in special and unusual cases for hospitalization of not to exceed twelve months for dependents for such disorders or such diseases, or for such treatments.



“ . . . a highly effective antiemetic
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THORAZINE^{*}

chlorpromazine, S.K.F.

The safety and effectiveness of ‘Thorazine’ for control of vomiting in children has been confirmed by a number of clinicians.

Results in refractory cases have been particularly dramatic.¹⁻⁵

*‘Thorazine’ is available
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(as the hydrochloride), and in
suppositories (as the base).*

*‘Thorazine’ should be
administered discriminately;
and, before prescribing,
the physician should be
fully conversant with the
available literature.*

Pediatric Bibliography

1. Wikler: The Use of Chlorpromazine as an Anti-emetic in Children, *Arch. Pediat.* 72:197 (June) 1955.
2. Daeschner et al.: Chlorpromazine in the Control of Vomiting in Children, *Am. J. Dis. Child.* 89:525 (May) 1955.
3. Steigman and Vallbona: Chlorpromazine, A Useful Antiemetic in Pediatric Practice, *J. Pediat.* 46:296 (March) 1955.
4. Steigman and Vallbona: Experience with Chlorpromazine in Pediatrics, *Internat. Rec. Med. & Gen. Pract. Clinics* 168:351 (May) 1955.
5. Moyer et al.: Clinical Studies of an Anti-emetic Agent, Chlorpromazine, *Am. J. M. Sc.* 228:174 (Aug.) 1954.

*T.M. Reg. U.S. Pat. Off.

Smith, Kline & French Laboratories, Philadelphia

All 70 Stat. 252.

(h) Dependents shall not be provided under this section—

(1) prosthetic devices, hearing aids, orthopedic footwear, and spectacles, except that outside the continental limits of the United States and at remote stations within the continental limits of the United States where adequate civilian facilities are not available, those items, if available, from Government stocks, may be provided to dependents at prices representing invoice cost to the Government;

(2) ambulance service, except in acute emergency;

(3) home calls, except in special cases where it is determined by the medical officer or contract surgeon in charge, or his designee, to be medically necessary;

(4) dental care, except—

(A) emergency care to relieve pain and suffering but not to include any permanent restorative work or dental prosthesis;

(B) care as a necessary adjunct to medical or surgical treatment; and

(C) outside the continental limits of the United States, and in remote areas within the continental limits of the United States where adequate civilian dental facilities are not available.

TITLE II

Spouses and
children.
Insurance plan,
etc.

SEC. 201. (a) In order to assure the availability of medical care for the spouses and children who are dependents of members of the uniformed services, the Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, shall contract for medical care for such persons, pursuant to the provisions of this title, under such insurance, medical service, or health plan or plans as he deems appropriate, which plan or plans shall, subject to the provisions of section 204 hereof, include the following:

(1) Hospitalization in semiprivate accommodations up to three hundred and sixty-five days for each admission, including all necessary services and supplies furnished by the hospital during inpatient confinement;

(2) Medical and surgical care incident to a period of hospitalization;

(3) Complete obstetrical and maternity service, including prenatal and postnatal care;

(4) Required services of a physician or surgeon prior to and following hospitalization for a bodily injury or for a surgical operation;

(5) Diagnostic tests and procedures, including laboratory and X-ray examinations, accomplished or recommended by a physician incident to hospitalization.

For each admission the plan shall also provide for payment by the patient of hospital expenses incurred under paragraph (1) hereof in the amount of either (1) \$25 or (2) the charge established pursuant to section 103 (c) of this Act multiplied by the number of days hospitalized, whichever is the greater.

(b) Subsection (a) shall be subject to such reasonable limitations, additions, exclusions, definitions, and related provisions as the Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, may deem appropriate, except that medical care normally considered to be outpatient care shall not be authorized by this subsection.

(c) The dependents covered under this section may elect to receive medical care under the terms of this Act in either the facilities of a uniformed service under the conditions specified in title I of this Act or in the facilities provided for under such insurance, medical service,



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*Reifenstein, E. C., Jr., and Albright, F.: J. Clin. Investigation 26:24, 1947.

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or health plan or plans as may be provided by the authority contained in this section, except that the right to such election may be limited under regulations prescribed by the Secretary of Defense, after consultation with the Secretary of Health, Education, and Welfare, for such dependents residing in areas where the member concerned is assigned and where adequate medical facilities of a uniformed service are available for such dependents.

SEC. 202. Any insurance, medical service, or health plan or plans which may be entered into by the Secretary of Defense with respect to medical care under the provisions of this Act shall contain a provision for a review, and, if necessary, an adjustment of payments by the Secretary of Defense or Secretary of Health, Education, and Welfare not later than one hundred and twenty days after the first year the plan or plans have been in effect and each year thereafter. Within ninety days after each such review, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and of the House of Representatives a report covering the payments made during the year reviewed, including any adjustment thereof.

Review.

Report to Congressional committees.

SEC. 203. In order to effectuate the purposes of this title, the Secretary of Defense is authorized to establish insurance, medical service, and health plan advisory committees to advise, consult, and make recommendations to the Secretary of Defense, provided that the Secretary issues regulations setting forth the scope, procedures, and activities of such committees. These committees shall consist of the Secretary of Defense or his designee, who shall be chairman, and such other persons as the Secretary may appoint. Their members shall be, to the extent possible, representative of insurance, medical service, and health plan or plans, and shall serve without compensation but may be allowed transportation and per diem in lieu of subsistence and other expenses.

Advisory committees

SEC. 204. The scope of medical care provided under this title shall not exceed the maximum care provided under title I of this Act.

Scope of plan.

TITLE III

SEC. 301. (a) Medical and dental care in any medical facility of the uniformed services shall, under regulations prescribed jointly by the Secretaries of Defense and Health, Education, and Welfare, be furnished to all persons on active duty or active duty for training in the uniformed services.

Medical and dental care.

(b) Medical and dental care in any medical facility of the uniformed services may, under regulations prescribed jointly by the Secretaries of Defense and Health, Education, and Welfare, be furnished upon request and subject to the availability of space, facilities, and capabilities of the medical staff, to retired members of the uniformed services.

(c) Medical care in any medical facility of the uniformed services may, under regulations prescribed jointly by the Secretaries of Defense and Health, Education, and Welfare, be furnished upon request and subject to the availability of space, facilities, and capabilities of the medical staff, to dependents of retired members of the uniformed services and dependents of persons who died while a retired member of a uniformed service, except that any such care furnished such dependents shall be limited to the care authorized dependents of members of the uniformed services under title I of this Act.

(d) When a person receives inpatient medical or dental care pursuant to the provisions of this Act in a facility of a uniformed service that is not the service of which he is a member or retired member, or that is not the service of the member or retired member upon whom

he is dependent, the appropriation supporting the maintenance and operation of the medical facility furnishing the medical care shall be reimbursed at rates established by the Bureau of the Budget to reflect the average cost of providing such care.

Subsistence
charges.

SEC. 302. Commissioned officers and warrant officers, active and retired, shall pay an amount equal to the portion of the charge established under section 103 (c) of this Act that is attributable to subsistence when hospitalized in a medical facility of a uniformed service. Retired enlisted personnel, including members of the Fleet Reserve and the Fleet Marine Corps Reserve, shall not be charged for subsistence when hospitalized in a medical facility of a uniformed service.

Additional
hospitalization.

SEC. 303. Where a person who is covered under an insurance, medical service, or health plan or plans, as provided in this Act, requires hospitalization beyond the period of time provided under such plan or plans, if such hospitalization is authorized in medical facilities of a uniformed service, such person may be transferred to a medical facility of a uniformed service for the continuation of such hospitalization. When movement to such medical facility is not feasible, the expenses for such additional hospitalization required by such person in a civilian facility are authorized to be paid, subject to such regulations as the Secretary of Defense after consultation with the Secretary of Health, Education, and Welfare may prescribe.

Dependency
determinations.

SEC. 304. All determinations made under this Act by the Secretary of Defense or the Secretary of Health, Education, and Welfare with respect to dependency shall be conclusive for all purposes and shall not be subject to review in any court or by any accounting officer of the Government, except for cases involving fraud or gross negligence. Such determinations may at any time be reconsidered or modified on the basis of new evidence or for other good cause.

Appropriation.

SEC. 305. There are hereby authorized to be appropriated such sums as may be necessary to carry out the provisions of this Act.

Repeals.

SEC. 306. The following laws and parts of laws are hereby repealed:

(1) So much of the Act of July 5, 1884 (ch. 217, 23 Stat. 107), as is contained in the proviso under the heading "medical Departments";

24 USC 32-
36.
Exception.

(2) The Act of May 10, 1943 (ch. 95, 57 Stat. 80), except section 4 of such Act, and except that part of section 5 which relates to persons outside the Naval Service mentioned in section 4 of such act;

58 Stat. 697.
42 USC 253.

(3) Section 326 (b) of the Public Health Service Act, except as it relates to dependent members of families of ships' officers and members of crews of vessels of the Coast and Geodetic Survey;

(4) Section 710 (a) of the Act of July 1, 1944 (ch. 373, 58 Stat. 714), as amended;

63 Stat. 201.
10 USC 456-456-2
and notes.

(5) Public Law 108, approved June 20, 1949, to the extent it authorizes hospital benefits for dependents of members of the reserve components of the Armed Forces;

34 USC 854f.

(6) Section 207 of the Act of June 25, 1938 (52 Stat. 1180).

Effective date.

SEC. 307. This Act shall become effective six months after the date of its enactment.

Approved June 7, 1956.

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September 1956 1099

Physical and Occupational Therapy Courses to Be Instituted at I.U.

*I*NDIANA UNIVERSITY will start this fall the state's first courses in occupational and physical therapy, it has been announced by President Herman B Wells.

The courses in each of the therapy fields will be four years leading to a B.S. degree from the School of Medicine. Students will take the first two years on the Bloomington campus and then receive professional training and clinical experiences at the University's Medical Center in Indianapolis.

Course plans and curriculum have been worked out by Mrs. Eunice C. Roberts, assistant dean of faculties and director of women's educational programs, and Mrs. Winfred Kahmann, director of occupational and physical therapy in

the University hospitals and a past president of the American Occupational Therapy Association, assisted by the latter's staff at the Medical Center.

The university's board of trustees, President Wells said, had approved the two new courses after a survey and in the belief new career opportunities would be opened, particularly for women.

The university's survey showed that in the two therapy training fields this past year 77 Hoosier students had enrolled in out-of-state institutions. Present accredited schools in the United States, it was found, had provided this year only 750 graduate physical therapists to fill a national need of 1,300 and 568 graduates in the occupational field for nearly 1,600 openings.

The two courses will be a further expansion of professional education in the health sciences which the university has developed around its Schools of Medicine and Dentistry and hospitals. Health science courses now given include dental hygiene, nursing, public health, medical technology, hospital dietetics, x-ray technology, medical record library science, and sanitary science.

"...in patients
with moderately
severe and severe
cardiac failure,
neohydrin
is the oral diuretic
of choice."*

*Moyer, J. H., and others:
J. Chronic Dis. 2:670, 1955.

03056

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Plaque showing the apotheosis of the blind Homer. Seated at the right he is sightless. Deified, with vision restored, he stands in the center of the beautiful Wedgwood piece.

A Short Saga of a

Handicapped Man, Josiah Wedgwood

FRANCIS J. VURPILLAT, M.D.

South Bend

THE DATE: May 31, 1768. The patient: a man of 38 who at the age of 12 contracted a severe case of smallpox and was left with a permanently stiffened knee which periodically totally incapacitated him when, as he described it, he "overwalked or overworked it." Recently a minor shin bruise has activated an overwhelming infection in the limb. Two surgeons, with his physician Dr. Darwin concurring, insist on amputation.

The patient has been fortified with spirits and sedated with laudanum. He is in his home sitting up in a chair so he can see the operation; his close friend and business partner is at his side; no other spectators. The two surgeons proceed with the leg amputation above the knee without a shrink or groan from the patient. Such was the power of endurance of this great man. A week later his secretary writes that the patient

"continues in a good way." The dressing removed for the first time, both surgeons said it could not possibly be better, that he "has every good symptom." On June 13 the patient himself writes: "My surgeon has given me an invitation to dine with him at Newcastle this day fortnight, which I hope to be able to accept." On July 20 he writes that he has been to his factory and had two rides in a chaise, has "left off my laudanum and do better without it. The skin has healed down to the bone, which I tell you to confute all those who deny the present to be an Age of Miracles." Thereafter he notes the anniversaries of his surgery as "St. Amputation's Day."

ARTIST AND REALIST

Getting wooden legs from distant London was not satisfactory; so, when our patient accidentally meets a wooden-legged artist, he hires

Flowers are arranged in a *Michelangelo tazza* by Doctor Vurpillat in his South Bend home. A carved Florentine cabinet and a corner cupboard in the background display part of the extensive Wedgwood collection which has made the Vurpillat home a mecca for art groups and others who have been privileged to see the rare specimens collected during the last 16 years by the Indiana physician.



him to work in his pottery. This man made his own limbs and could be depended upon to keep his employer supplied. Our patient wore out 20 wooden legs before his death in 1795.

Josiah Wedgwood, contemporary of George Washington, was an apprentice potter at age 12. By the application of effort characteristic of not a few handicapped persons, he became a master potter, amateur scientist, practical chemist, inventor, manufacturer and capitalist. He attained the highest honor in trade then available to a commoner, that of Fellow of the Royal Society. He fathered a renaissance of English ceramics which, following the departure of the Roman legions from Britain, had hardly advanced beyond the stage of making cheap glazed pots of the sort which we would call the ten-cent-store variety today. He was the only Englishman who enjoyed a European reputation as a potter. He overcame the competition of the long established and royal subsidized ceramic manufactories of Italy, France, Austria and Germany. His products were original; they were imitated but never surpassed by any potter from his day to this.

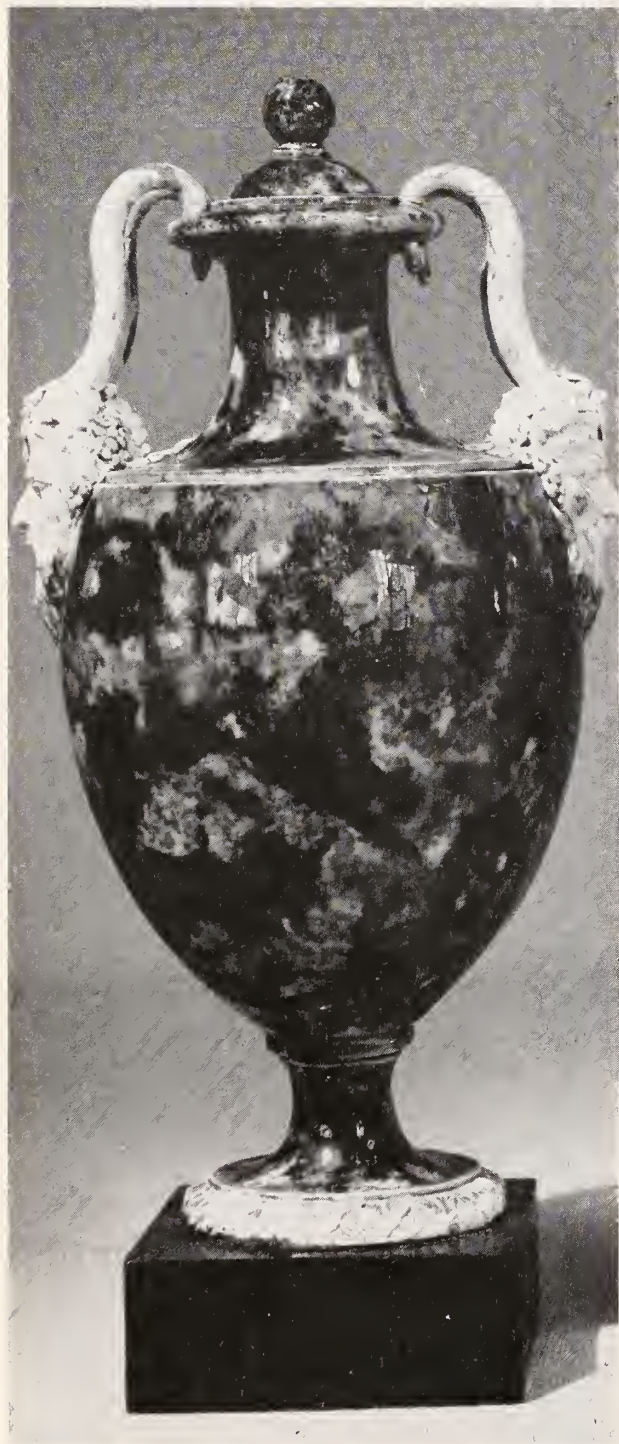
History was with Josiah. The Seven Years' War inaugurated the British Empire. England advanced from a second-rate power to a naval and military supremacy over the declining fortunes of Spain, France and Austria. She became the arbiter of international trade. The advent of tea from China and coffee from the Americas created a demand for utensils for these

new beverages. The profits of trade and pirated gold from the Spanish Main trickled down to elevate the standard of life of the average Briton. He could and did discard his wooden and metal utensils for better silverware and tableware. Josiah Wedgwood was ready with durable and artistic ceramics for this growing market. He invented some 20 formulas for ceramic bodies which are still in use today. His profits from the sale of his "useful wares" to all points of the compass compounded his parental inheritance of twenty pounds sterling to a disposition of two hundred fifty thousand at his death.

A PROMOTIONAL GENIUS

His first efforts to increase sales were devoted in making tableware of novel shapes—what we would call "modern" today. He made beautiful marbled glazes in imitation of agate, porphyry and other mineral stone. He designed dinnerware in the shape of leaves, shells, vegetables and fruits, which immediately commanded a ready sale because of their novelty. His invention of light, durable, cream-colored tableware, called queensware, became world renowned, not only because of its quality but because of the astuteness of his advertising. He took pains to see that samples of his products were distributed to the nobility, who were not only discriminating in their appreciation but were people who "got around." They were his publicity and his advertising. Queen Charlotte commissioned him to

The glazed imitation agate vase pictured is No. 1 in the *Wedgwood shape book of 1770*. In mottled dark green, light green, brown and cream, it has striking goat's head handles. Produced during the first half of Wedgwood's fabulous 43-year career as a ceramist.



make her a court set of cream-colored dinnerware. Perhaps one queen tells another, for soon he was making another set especially for the Queen of Russia, Catherine the Great. Queen Charlotte dubbed Wedgwood "Potter to the Queen." Such advertising makes an international reputation certain. Incidentally, in the spring of 1956 part of the original dinner set was secured from the Soviet government by the Wedgwood Company.

Josiah could well afford to extend his efforts to the production of "luxury wares" and *objets d'art* to compete with the best creations of the continental artists. In doing this he again rode on a wave of history, the Neo Classicism which set world fashion following the discovery of the intact works of the artists of Greece and Rome in the excavations of Pompeii and Herculaneum. The successful imitation of these ancient wares could not be done with the "china" or glazed porcelain material or the coarse red and black "dry" or unglazed ceramics then commonly in use. Josiah refined and improved the common black body made from the silt of the coal mines and renamed his product "basaltes". The popularity of this funereal black ran out, and it was necessary to supersede it with a similar pure white material which could be colored for cameo relief or contrast.

After five years of continuous experimentation with actually more than ten thousand mixtures of earths, he succeeded in the crowning achievement of a material he named "jasper." This material of pure white would take color uniformly mixed in its texture or applied as a wash in black and various shades of blue, lilac, green and, rarely, yellow. This jasperware has enjoyed a vogue from 1775 to the present day. Choice pieces are so highly prized by collectors that even the smallest gems made by the master potter and sold for a shilling or two now command hundreds of dollars, for his original quality has never been equaled by either his successors in the family potteries or by his imitators. The claim to merit of Josiah Wedgwood's dry bodies, jasper, basaltes, caneware and redware rests on the painstaking simplicity and faultlessness of his materials and the exquisite retouching of the cameo decoration. After all, these fine objects are only English mud, dug in the countryside, repeatedly refined and expectantly exposed to the unpredictable vagaries and exigencies of the elements of fire and water. He had no elec-

tronic controls for his coal-fired ovens. Flaws could not be glossed over with paint or glaze. If they were not perfect, he destroyed them. Modernists may decry his Neo Classicism, but it was the demanded fashion of his lifetime and his workmen achieved an inimitable perfection in its execution. In the world's museums today one can view comparingly the works of potters from the dawn of history to the present time. By any standard there are none superior to the work of Josiah Wedgwood.

The most famous single piece this genius produced, and which he considered his masterpiece, was produced in the last decade of his life. It is his imitation in clay of the famous Portland Vase of glass, now in the British Museum. This vase was the work of the glassworkers of Alexandria in the first century before Christ. It is reputed to be a sepulchral urn discovered in a tomb in the Roman countryside. It is formed of a purplish-black glass body decorated with white opaque glass cameo figures emblematic of death and immortality. No lesser an artist than Sir Joshua Reynolds attested to its correct and faithful imitation.

Below:
An unusual photorama of copy No. 26 of the first issue of the *famous Portland Vase* was made by Roger Baele of the South Bend Tribune staff. About 15 of the known and numbered vases are in existence and Dr. Vurpillat's No. 26 is one of his most highly prized pieces. The Portland Vase is one of the Wedgwood pieces most frequently seen in written works about the famous potter.



Wedgwood-Bentley plaque dated 1775 has dark blue background. Thomas Bentley was with the original Josiah Wedgwood from 1768 until 1780. He served as sales manager and upon his death was succeeded by Thomas Byerley, whose son, Samuel, was an early settler in South Bend. Descendants of the family still live there.



This unusual little vase with the shattered Grecian columns bears the date 1790, just five years before the death of Wedgwood.



Another remarkable but less well-known example of the earlier pieces of note associated with Josiah Wedgwood is the notorious **Wedgwood-Voyez-Palmer Vase**. He employed Jean Voyez, the volatile French modeller, from the Adam brothers to incorporate into his creations the spirit of the Italian Renaissance ceramics. This artist was modelling the vase in the studio, using his mistress as the subject for the handles. Modelling from the nude was then unheard of in still Puritan England. When Mr. Wedgwood dropped in upon them, both very much in their cups, they admitted their mutual turpitude and the employer had them jailed. Voyez received 30 lashes and 90 days in confinement. During this period the artist modelled himself as the noble "Prometheus Bound." Although Wedgwood desired to complete payment for a two-year contract to keep him from working for any competitor, Voyez went over to Palmer's pottery and the vase was produced and dated 1769.



The Egyptian teapot is of antico-rosso with white jasper ornamentation. This combination of color is rare (the red is a soft brick red), and rarer still, the teapot has in addition to the Wedgwood mark, Nini in script. Jean Baptiste Nini was a French potter, 1716-1786. Seldom did any of Wedgwood's artists get their names on any of his manufactures. The teapot, recently pictured in "Antiques," is in the Vurpillat collection.





The four pieces shown here are representative of the wide range of collector's items in the Vurpillat display of Wedgwood pottery.

The Author and the Collection . . .

In 1939, when it appeared that Hitler's forces might overrun England, Dr. Francis J. Vurpillat, South Bend physician, said to his friends that should that transpire, there probably would be no more Wedgwood produced in England. His prediction was only partly correct—when production was resumed after the war years, the Wedgwood potteries no longer made any of the dark blue jasperware which had been one of the standard colors.

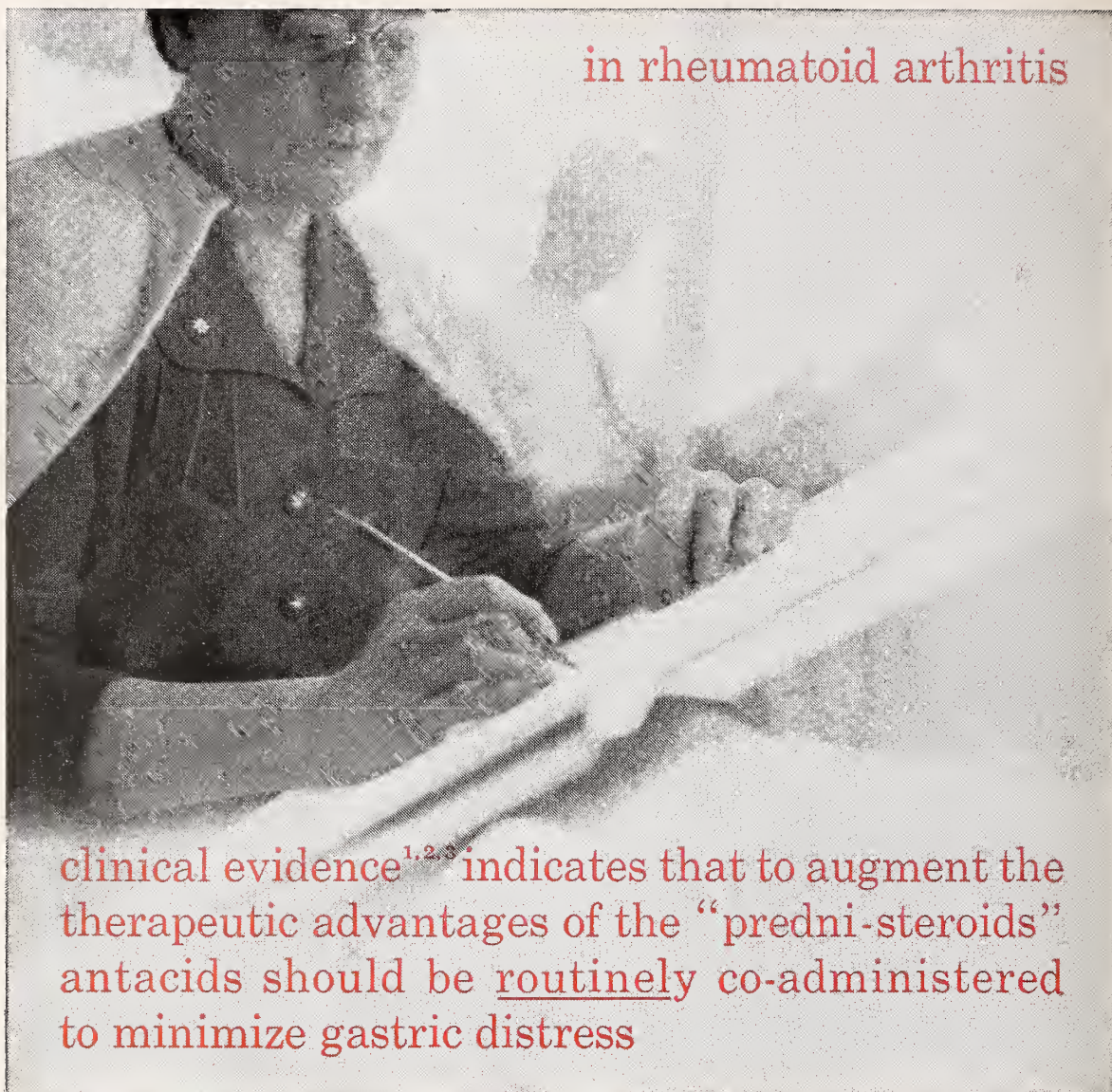
The Vurpillat collection of Wedgwood began to take form after the purchase of a complete set of dinnerware in Canada. Dr. Vurpillat's mother, Mrs. Ida Bunnell Vurpillat, for whom he has named his collection as a memorial, was an amateur ceramist, painted china and had her own firing kiln. She first told the Wedgwood story to her son.

Through the 16 years since the start of the collection, Dr. Vurpillat has added pieces which represent every type of work produced by Josiah Wedgwood. All of the Wedgwood colors, including brilliant blue, light blue, green, black, drab, lavender and yellow, are in the Vurpillat display. Wedgwood disliked the yellow ware and made only nine pieces in that color. Dr. Vurpillat has examples of several. The oldest piece of Wedgwood owned by Dr. Vurpillat is a glazed green teapot made by Josiah Wedgwood in 1759, the year he completed his apprenticeship.

Considered one of the finest collections of Wedgwood in the Midwest—perhaps in the United States—the Vurpillat pieces were shown to the public for the first time last February at the O'Shaughnessy Galleries. The doctor frequently addresses club groups and displays choice pieces of Wedgwood to eager listeners, most of whom have been familiar since their childhoods with the dark blue ware with cameo-like decoration. Few knew of the rarer colors and the wide range of patterns produced in the Wedgwood potteries.

The JOURNAL first learned of Dr. Vurpillat's collection from an account of a talk given before the Woman's Auxiliary to the Elkhart County Medical Society. A request was made for ma-

(Continued on page 1111)

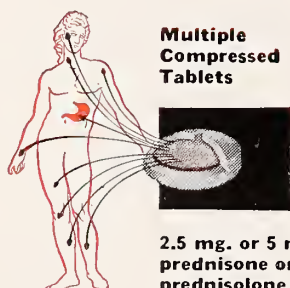


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References: 1. Boland, E. W., *J.A.M.A.* 160:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, *J.A.M.A.* 158:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, *J.A.M.A.* 158:459 (June 11) 1955.

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Cabinets of various types used to house parts of the Wedgwood vie for attention. This Louis XVI boulevork credenza is one of the fine examples of cabinetwork in the Vurpillat home.

(Note: All photographs were taken by the South Bend Tribune staff.)



(Continued from page 1107)

terial to use as a hobby feature. That was April 1. Some weeks ago "The Saga of a Handicapped Man, Josiah Wedgwood," was received. "I have tried to include something of medical interest so as not to make it completely foreign to The JOURNAL," Dr. Vurpillat wrote.

The JOURNAL staff feels the author has succeeded not only in that but in creating interest in a subject which truly was somewhat foreign to most of us.

The Vurpillat collection is expected to be the first exhibit in the gallery of the new O'Laughlin Fine Arts Building on its completion this fall at St. Mary's College, South Bend.

—jsg



Many of the Wedgwood pieces are *in constant use* in the doctor's home. Pictured here, a lovely vase converted into a modern lamp, a small mantel clock and a pair of vases.

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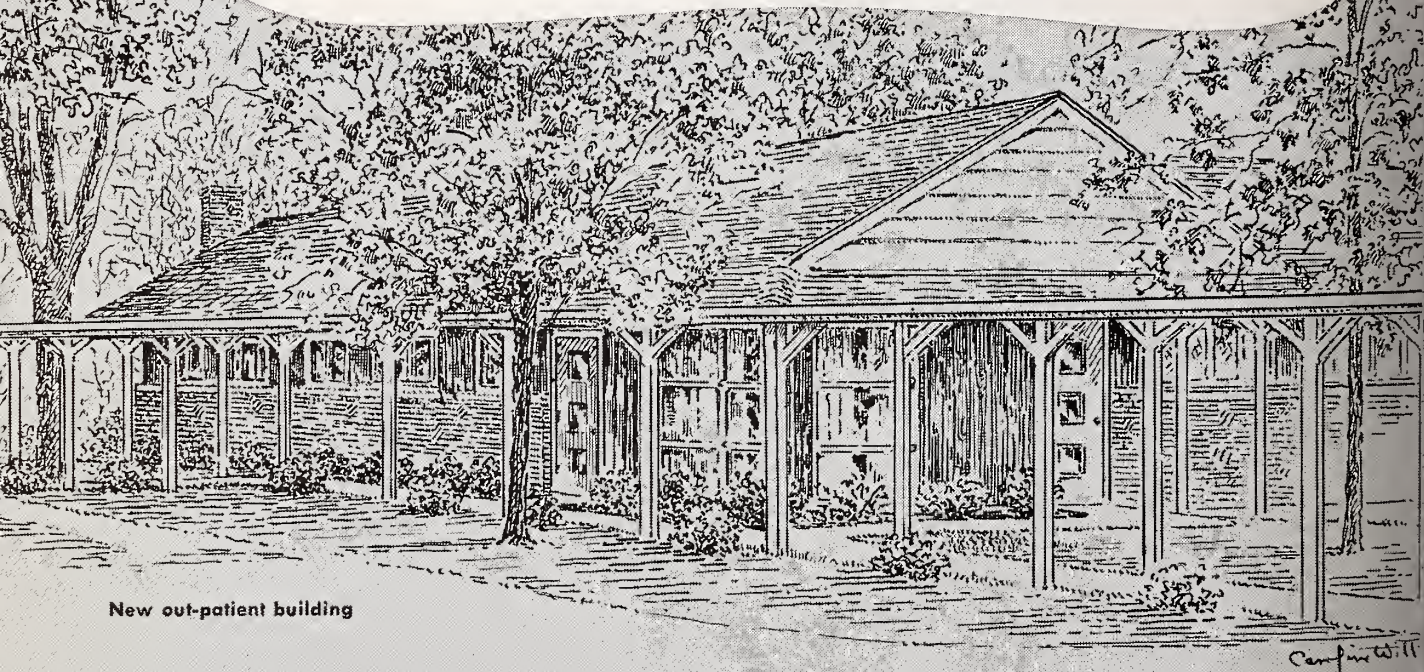
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ELLIOTT OTTE . . . Business Administrator



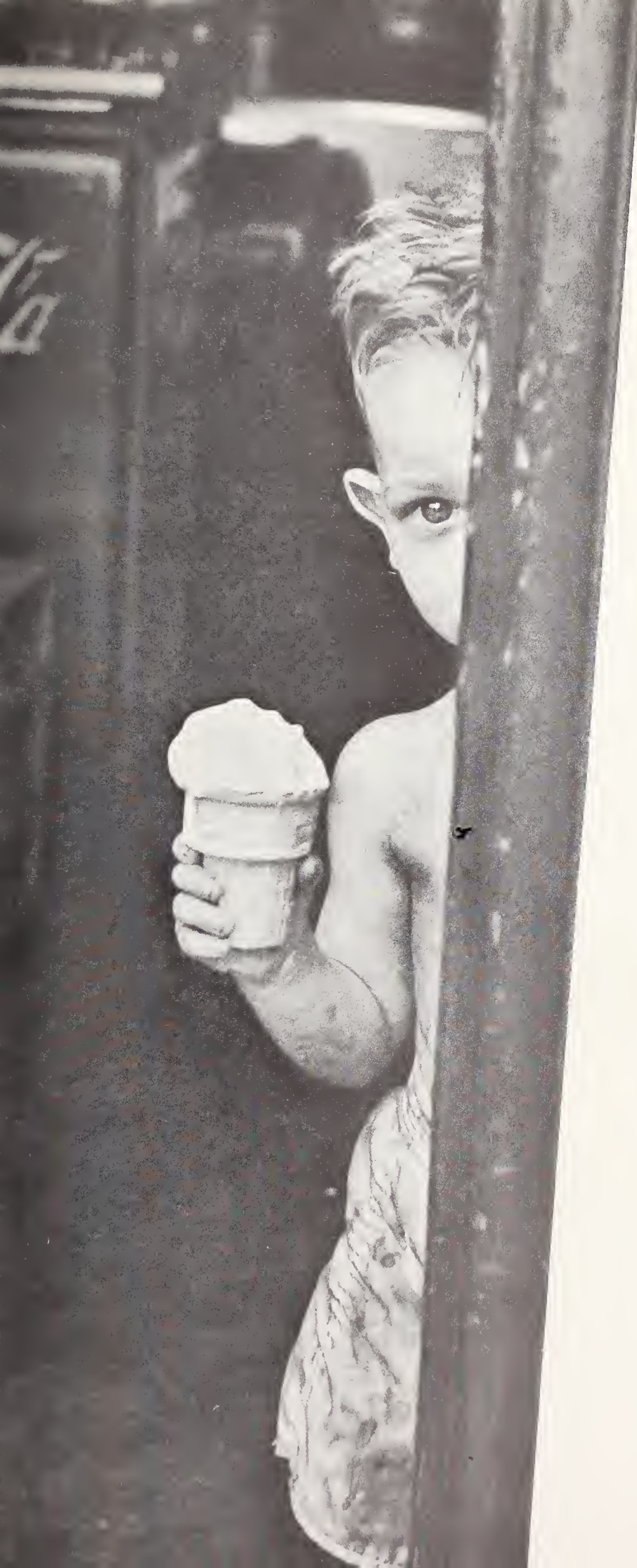
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*Schwartz, E.: New York J. Med. 56:570, 1956.

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Course in Practical English Offered Foreign Physicians Now in U.S.

A NEW COURSE IN PRACTICAL ENGLISH for foreign physicians will be offered during the 1956 autumn semester at New York University's Division of General Education, Dean Paul A. McGhee has announced.

The course is open to doctors, interns, and hospital administrators whose native tongue is not English. Grant Taylor, director of the Division's English language program for international students, will conduct the class.

Particular emphasis, Mr. Taylor says, will be given to oral and written practice of the vocabulary commonly used in medical histories, consultations, evaluations, case reports, progress notes,

and patient interviews. Several American physicians will serve as guest lecturers for the course.

According to Mr. Taylor, there has been a sharp increase in the number of foreign doctors in the United States. At the present time, he points out, more than 30 percent of all house staff physicians in New York, Ohio, and Illinois are aliens. In New Jersey the figure is even higher—69 per cent.

This is due largely, Mr. Taylor maintains, to the position of the country as the leading medical nation of the world. Foreign countries send their medical students and physicians to the United States for training. These students and physicians require special language instruction in English, both for their stay in America and for the years after when they will have to rely on English language medical publications for up-to-date developments. English, the NYU educator reports, has already become the language of medicine.

The practical English course, which will be presented from 6:15 to 8 p.m. on Thursdays, begins September 27 and ends January 17. Interested persons may register either by person or through the mail from now until October at the Division of General Education, New York University, 1 Washington Square North, New York 3, N. Y.

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Deaths . . .

George H. Kamman, M.D., who had been a general practitioner in Seymour for 56 years, died suddenly July 20 while inspecting a property on which he was having work done. Although 86 years of age he still was active in practice and civic affairs. Dr. Kamman had served as a member of the board of health for 38 years and had been city health officer for 25 years in Seymour.

Born in Holland, Indiana, he attended Dubois county schools and the Princeton Normal School and then taught school in Warrick and Posey counties for nine years. He then entered the Kentucky School of Medicine from which he received his medical degree in 1900. He established his practice in Seymour during the same year and during the more than half-century there he had been physician to several generations of many families, and had been a trusted counselor in individual and community matters.

Dr. Kamman, a Fifty Year Club and senior member of Indiana State Medical Association, has served the Jackson County Medical Society as secretary for a total of 35 years, and had been active in affairs of the Fourth District Medical Society. He had served on several ISMA committees and had been a delegate to the annual convention. He was a member of the staff of Schneck Memorial Hospital for many years and assisted in the recent remodeling and enlarging of that hospital. Dr. Kamman was also a member of the American Medical Association.

Bertram Weakley, M.D., retired physician and representative for many years of a pharmaceutical house, died in his Indianapolis home July 15. He was 85 and had been a resident of Indianapolis for 40 years.

A native of Cincinnati, Dr. Weakley was a graduate of the Medical College of Ohio at Cincinnati where he received his degree in 1904.

Albert A. Hollingsworth, M.D., 76, died in Indianapolis Memorial Clinic July 22. He had been hospitalized for nearly a month.

Dr. Hollingsworth had been in general practice in Indianapolis for 50 years, with offices for many years at 3916 East Washington Street.

Born near Plainfield, Dr. Hollingsworth first attended Butler University and then received his medical education at the Medical College of Indiana, graduating with the last class in 1905.

He had been an active member of the Indianapolis Medical Society, the Indiana State Medical Association and American Medical Association. He was awarded his Fifty Year Club pin and certificate last October.

Dr. Hollingsworth held membership in many Masonic bodies, being a charter member of Irvington Masonic Lodge. He also held church membership in Plainfield.

William Keiser Nance, M.D., 57, died suddenly in his Vincennes home early in July. He had been a resident of Vincennes for nearly 20 years where both he and his wife, Dr. Doris Hoffman, had been in practice.

Dr. Nance was born in China where his parents were medical missionaries. He returned to the United States in 1937, practicing in Boston. After serving as a captain in the medical corps in the Pacific during World War II he and Dr. Hoffman established their residence in Vincennes.

Ernest Edward Leeson, M.D., 84, who had been in retirement in Inverness, Florida, died July 6 in Bay Pines (Florida) Hospital. He was formerly in practice in DeMotte from 1930 to 1943 when he retired.

Canadian born, Dr. Leeson received his medical degree from Chicago Medical School in 1894. He served overseas during World War I. Military graveside services were held in DeMotte.

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NEWS NOTES — from State and Nation

DePauw University Names New Health Director

Effective in September, Dr. Edwin F. McNichols will serve DePauw University as Health Service director and university physician. He will also have a private practice in Greencastle.

Dr. McNichols, a native of Chicago and graduate of Loyola University's Stritch School of Medicine in 1952, has been a resident physician in internal medicine at the Kennedy Veterans Administration Teaching Group Hospital at Memphis, Tennessee. He previously served his internship and part of his residency at Milwaukee County General Hospital. Dr. McNichols was an infantry instructor with the U. S. Army in Japan from 1944 to 1946.

Dr. and Mrs. McNichols have four children. The family is now living in Greencastle.

Dr. McNichols succeeds Dr. Otto R. Dobbs, who retired in June after eight years on the DePauw staff.

Dr. Jack L. Walters, who recently completed his internship at Indianapolis General Hospital, is now associated in practice with Dr. Walter L. Portteus in Franklin. Dr. Walters is a native of Franklin and was graduated from I. U. School of Medicine in 1955. He served as a pharmacist's mate in the U. S. Navy in World War II, returning to Franklin to graduate from Franklin College in 1949. Dr. and Mrs. Walters, the former Nancy Portteus, and their two children are living in the Glendale addition in Franklin.

Dr. Roland B. Rust, Jr., has opened an office for the practice of internal medicine at 3939 Meadows Drive, Indianapolis. A veteran of World War II, Dr. Rust received his degree in medicine from Indiana University in 1952. He served his internship at the University of Chicago Clinic and a three-year residency in internal medicine at

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1. Martin, W. J., et al.: J.A.M.A. 160:928 (March 17) 1956.

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the Veterans Administration and I. U. Medical Center Hospitals. Dr. and Mrs. Rust and their two children live at 4475 Marcy Lane, Indianapolis.

I. U. Graduates Rank High in Intern Training Programs

Indiana University trained medical graduates rate high as interns.

Under an intern rating system devised by the University's School of Medicine, reports from hospitals in which 1955 graduates served as interns placed 58 of the 90 in the top third. More than a dozen of the university's graduates rated first or second.

The Department of Otolaryngology, University of Illinois College of Medicine, will hold its **Annual Assembly in Otolaryngology** from October 1 through October 7, 1956. An intensive series of lectures and panels concerning advancements in otolaryngology, and evening sessions devoted to surgical anatomy of the head

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and neck and histopathology of the ear, nose and throat, have been planned. Interested physicians should write to Department of Otolaryngology, 1853 Polk Street, Chicago 12, Illinois.

Michigan Issues Invitation to Annual Medical Session

Members of the Indiana State Medical Association are invited to attend the 91st Annual Session of the Michigan State Medical Society, to be held in Detroit September 26, 27 and 28. Six scientific sessions and 16 section meetings are scheduled. The session will be held in the Sheraton-Cadillac Hotel. Guest lecturers from medical centers all over the country will participate. Dr. Theodore F. Schlaegel, Jr., Indianapolis, is one of the lecturers.

Dr. Bewley Douglass Frierson, Jr., of Anderson, South Carolina, has joined the staff at Logansport State Hospital as a general physician. Dr. Frierson received his medical degree from the Medical College of South Carolina and interned at Roper Hospital, Charleston, South Carolina.

Brook Businessmen Hold Open House at Health Center

A public inspection of the new Brook Health Center was held July 29 with the Brook Businessmen's Association acting as hosts.

The 81 by 26 foot building is constructed of limestone and asbestos and contains 24 rooms. Drs. Arthur Schoonveld and Harold Johnson planned the structure and equipment and are now in practice there. There is a minor surgery room, x-ray facilities, dark room, physical therapy room, supply area, nurses' central supply room, laboratory, library, lounge, doctors' offices and examination rooms, dressing rooms and a five-room suite arranged for a dentist.

Dr. Schoonveld is a native of DeMotte and a graduate of Indiana University School of Medicine. He interned at Indianapolis General Hospital. He is married and has five children.

Dr. Johnson, formerly of Evansville, is also an I. U. graduate and an IGH intern. He remained on the hospital staff for 15 months. He is married to a graduate nurse and has an infant daughter.

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MEBARAL 32 mg.

DOSAGE: 1 or 2 tablets three or four times daily.
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Bottles of 100 tablets.

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*References and clinical trial supplies available on request.



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to the shape
of average
normal foot ★**

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Foot-so-Port Shoe Company, Oconomowoc, Wis.
A Division of Musebeck Shoe Company

Dr. Joseph Dill Mishler, who recently completed his internship at Indianapolis General Hospital, opened his office during July in Pierceton. He is a graduate of Indiana University School of Medicine. Dr. Mishler's new and attractive offices include reception, consultation, examination and x-ray rooms and equipment for minor surgery and emergency treatment. Dr. and Mrs. Mishler and their three children are now living in Pierceton.

Dr. and Mrs. Harry Danielson and their two children left Plymouth recently for Miami, Florida, where Dr. Danielson is taking a two-year course in anesthesia at Jackson Memorial Hospital, an affiliate of Miami University. Dr. Danielson, an I. U. graduate, had been in general practice in Plymouth for several years.

Dr. A. R. Episcopo, who has been in general practice in Salem for 10 years, has accepted a position in the internal medicine department at Kecoughton Veterans Administration Center at Hampton, Virginia, and will work in the hospital

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STARTING DATES — SUMMER AND FALL, 1956

SURGERY—

Surgical Technic, Two Weeks, October 29, November 26
Surgical Anatomy & Clinical Surgery, Two Weeks, October 1
Surgery of Colon & Rectum, One Week, October 15
General Surgery, One Week, October 22
Thoracic Surgery, One Week, October 1
Esophageal Surgery, One Week, September 24
Breast & Thyroid Surgery, One Week, October 22
Gallbladder Surgery, 3 Days, October 29
Fractures & Traumatic Surgery, Two Weeks, October 15

GYNECOLOGY & OBSTETRICS—

Obstetrics & Gynecology, Three Weeks, October 22
Vaginal Approach to Pelvic Surgery, One Week, October 15

MEDICINE—

Electrocardiography & Heart Disease, Two-Week Basic Course,
October 8; One Week Advanced Course, September 17
Internal Medicine, Two Weeks, September 24
Gastroenterology, Two Weeks, October 22
Dermatology, Two Weeks, October 15
Cardiology (Pediatric), Two Weeks, November 5

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, November 26
Clinical Uses of Radioisotopes, Two Weeks, October 8

UROLOGY—

Two-Week Course, October 8
Cystoscopy, Ten Days, by appointment

TEACHING FACULTY—ATTENDING STAFF OF
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proper. Dr. Episcopo, a graduate in medicine from the University of Rome, has been in the United States since 1931. He served as a medical officer with the army during World War II.

Dr. James E. Shaw has been named medical officer for the Pennsylvania Railroad at Fort Wayne. A native of Fort Wayne, Dr. Shaw had been in general practice in Kentucky since his graduation in 1954 from the University of Louisville School of Medicine and internship at Louisville General Hospital. Dr. Shaw was affiliated with the Brown Rubber Company following his graduation from Purdue University. He enlisted in the U. S. Army in 1942, rose to the rank of major in the Air Force, and was discharged in 1946. For three years he then served in a production control position with Vascoloy-Ramet Corporation in Waukegan and wrote short stories which were published in national circulation publications. He entered the Louisville School of Medicine in 1949. Dr. and Mrs. Shaw reside at 3932 Rosewood Drive, Fort Wayne.

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suits as were filed against
fewer policyholders
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More than 600 medical alumni of the University of Michigan Medical School are expected to meet in Ann Arbor, September 27-29, for their **Triennial Medical Alumni Conference**. Every alumnus of the U. M. Medical School is invited. An interesting scientific and social program has been planned. Information on the conference may be obtained by writing to A. C. Furstenberg, Dean, University of Michigan Medical School, Ann Arbor, Michigan.

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American Goiter Association Announces Essay Award

The American Goiter Association again offers the Van Meter Prize Award of \$300.00 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association which will be held in the Hotel Statler, New York, New York, May 28, 29 and 30, 1957, providing essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations, should not exceed 3,000 words in length and must be presented in English. Duplicate typewritten copies, double spaced, should be sent to the Secretary, Dr. John C. McClintock, 149½ Washington Avenue, Albany 10, New York, not later than January 15, 1957. The committee who will review the manuscripts is composed of men well qualified to judge the merits of the competing essays.

A place will be reserved on the program of the annual meeting for the presentation of the winning essay by the author if it is possible for him

to attend. The essay will be published in the annual proceedings of the Association.

Cancer Society Creates Edwin A. Lawrence Fellowship

A permanent fellowship in the amount of \$3,600 to be granted annually upon recommendation of the Coordinator of Cancer Teaching and Director of Cancer Research at Indiana University Medical Center has been established by the Indiana Division, American Cancer Society, as a memorial to Dr. Edwin A. Lawrence, who held the cancer teaching and research post at I. U. until his death earlier this year. Directors of the Cancer Society said the fellowship recognizes the contributions made by Dr. Lawrence to medical literature; his leadership in national medicine and his memberships in many scientific groups; and for upgrading the teaching program in cancer at I. U. School of Medicine; and his establishment of a productive program in basic cancer research.

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Dr. Ralph Pratt, Jr. has opened an office for the general practice of medicine in Madison. He is a former resident of that city. Dr. Pratt received his medical degree from Indiana University School of Medicine and had recently completed his internship at General Hospital, Indianapolis. Dr. and Mrs. Pratt are living in the Douglas Apartments, 804 West Main Street, Madison.

The Annual Conference of the **Indiana Societies for Crippled Children and Adults** will be held September 28 and 29 in the Severin Hotel, Indianapolis.

Highlights of the program include a tour of the new Crossroads Rehabilitation Center, Roberts School, Noble School, Riley Hospital, Goodwill Industries, the Indiana Schools for the Blind and the Deaf; the annual banquet with Governor Joe Foss of South Dakota as speaker; the meeting of delegates and luncheon with Dr. Donald A. Covalt, of Bellevue Medical Center, New York, as speaker.

Fiske Essay on Infertility **Due by January 10, 1957**

The trustees of America's oldest medical essay competition, the Caleb Fiske Prize of the Rhode Island Medical Society, announce as the subject for this year's dissertation "The Present Day Treatment of Infertility." The dissertation must be typewritten, double spaced, and should not exceed 10,000 words. A cash prize of \$350 is offered. Essays must be submitted by January 10, 1957.

For complete information regarding the regulations write to the Secretary, Caleb Fiske Fund, Rhode Island Medical Society, 106 Francis Street, Providence 3, Rhode Island.

Community-wide recognition of **Dr. J. R. Bloomer's 44-year medical service** to Parke County was given August 3 when the Parke County Health Council held a public picnic supper in Beechwood Park, Rockville. A special program was planned for the occasion and Dr. Bloomer spoke of his experiences during his years of practice in Parke County.



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**Dr. J. G. Kidd to Leave
Roann After 34 Years Service**

Dr. J. G. (Gordon) Kidd closed his office in Roann late in August and on September 3 reported for duty as medical officer at a Milwaukee Veterans Hospital. His departure from the small Wabash County town broke a long period of service started when his father, Dr. G. P. Kidd, established his office there in 1876.

Dr. Kidd, a graduate of I. U. School of Medicine in 1913, returned to Roann to practice with his father in 1914. During World War I he

served for 20 months, receiving the rank of captain in the Medical Corps. He returned to Roann in 1919 and resumed his practice but in 1920 entered the U. S. Public Health Service in which he served for six years. He returned to Roann in 1926 and has completed 30 years of continuous service to the community.

Queried about his plans, Dr. Kidd said he had decided to take some of the advice he gave his older patients—to slow down and take life a little easier.

A son, Dr. James G. Kidd, Jr., recently completed a course in orthopedic surgery at I. U. Medical Center, and will locate in San Francisco after November 1.

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Members of Kiwanis, Rotary and Lions clubs of Plymouth heard **Dr. Harris B. Shumacker, Jr.**, Indianapolis heart surgeon, at their annual joint service club dinner meeting in July. Dr. Shumacker, chairman of the Department of Surgery at Indiana University School of Medicine, discussed the project to find an ideal plastic material for aortic grafts which he supervises. He told his audience that to date, grafts of 3 plastic materials have been made in the search for a material closely resembling the human arteries.

Dr. Robert R. Shugart, formerly of Auburn, received a fellowship in general surgery at the Mayo Foundation in Rochester, Minnesota. Dr. and Mrs. Shugart will reside in Rochester during the next year after which Dr. Shugart will enter the USAF. He has recently completed a year's internship at Lutheran Hospital, Fort Wayne. Dr. Shugart is a graduate of Northwestern University Medical School.

CLEARVIEW

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

THE EXECUTIVE COMMITTEE

August 4, 1956

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. U. Kennedy, M.D.; Elton R. Clarke, M.D.; Kenneth L. Olson, M.D.; O. W. Sicks, M.D.

Frank B. Ramsey, M.D.; Albert Stump, attorney; Robert Hollowell, attorney; Robert J. Amick and Kenneth W. Bush, field secretaries; James A. Waggener, executive secretary.

Membership Report

Number of members August 3, 1956-----4,010*
Numbers of members August 3, 1955-----3,911
Gain over last year ----- 99
Number of members December 31, 1955--3,975

* Includes 91 in military service (gratis)
134—\$10.00 members (residents and interns)
288—senior members
74—members, dues remitted by Council
2—honorary members

Number who have paid AMA dues:

August, 1956 ----- 3,447**
August, 1955 ----- 3,279
Gain ----- 148

** Includes 463 exempt members (gratis)

Headquarters Office

On motion of Drs. Kennedy and Olson the matter of microfilming the records of the Association was left to the decision of Drs. Denny and Sicks and the executive secretary.

The field secretaries reported on their activities during the last month in calling upon the candidates for the state legislature.

Treasurer's Office

The treasurer reported he had reinvested \$3,000 from matured bonds in the Medical Defense Fund in U. S. Treasury bonds. This report was approved on motion of Drs. Kennedy and Clauser.

Statements for June and July for the Association and for May and June for THE JOURNAL show-

PEACE OF MIND FROM OFFICE AND BUSINESS WORRIES OUR SERVICES COVER:

Tax Returns
Bookkeeping
Delinquent Accounts
(No Commission)
Office Routines
Office Planning
Instructing Personnel

Fees
Partnerships
Hospitals
Clinics
Counselling - Investments
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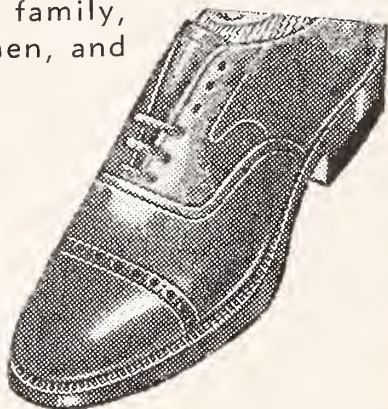
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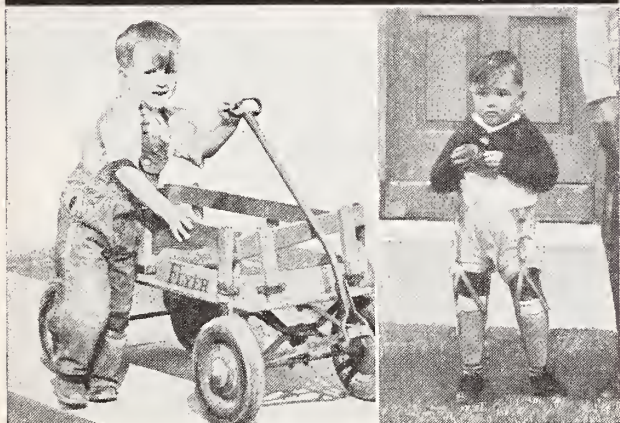


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ing Receipts and Expenditures during those months were approved.

Legislative Matters

National

The secretary reported on HR 7225, extension of the Social Security program, and Public Law 569.

Annual Convention, Indianapolis, October 16, 17 and 18, 1956

It was decided that the meetings of the Executive Committee, the Council and the House of Delegates should be held at the Student Union Building.

The secretary was instructed to wire a congratulatory message to Dr. L. E. Burney and to invite him to address the final session of the House of Delegates and be the guest of the Association at the annual banquet, on motion of Drs. Kennedy and Olson.

Organization Matters

Statement received from R. W. Lefler listing balance due on expenses of the Science Fair program was presented to the committee. On motion of Drs. Clarke and Kennedy, the committee authorized payment of the balance of \$85.67.

The secretary reported on the distribution of Salk polio vaccine for the weeks ending July 20 and 27.

The secretary read a letter from Senator Homer E. Capehart thanking the Association for its expression of appreciation for his stand in opposing the amendments to HR 7225.

Permanent and Total Disability.

Upon motion of Drs. Olson and Clauser the following definition of "permanent and total disability" was approved and ordered submitted to the State Department of Public Welfare:

"Total disability is a condition or situation in which a person is, by reason of impairment, disease or loss of physical or mental capacity, incapable of engaging in useful occupation or employment within the individual's competence, such as job-holding or home-making, and requiring the services of another person, whole or part-time. Such disability is permanent if irreversible or progressive and not amenable to treatment by surgery or medical care or therapy, or requires treatment which is extremely hazardous or of questionable benefit."

The president and chairman of the Council reported on the recent meeting in Chicago regarding

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implementation of Public Law 569 for the providing of medical care to military dependents.

New Business

Upon motion of Drs. Clarke and Clauser the treasurer was instructed to reinvest in ninety-day U. S. Treasury Bills the \$30,000 from the General Fund and \$5,000 from the Student Loan Fund.

Letter from the Huntington County Medical Society regarding policy on state dues was referred to the committee.

Upon motion of Drs. Clarke and Kennedy the field secretaries were authorized to attend the Public Relations Institute in Chicago, August 29 and 30.

The Journal

Report on advertising was approved by consent: July—

SJAB (net)	\$2,652.86
Direct regular	544.77
Professional cards	322.00
Special Yearbook ads	1,400.64*
	<hr/>
	\$4,920.27

* This is the largest amount of advertising ever sold for a single special issue of THE JOURNAL.

There being no further business, the committee adjourned to meet again at 3:00 p.m., on Wednesday, September 19, 1956.

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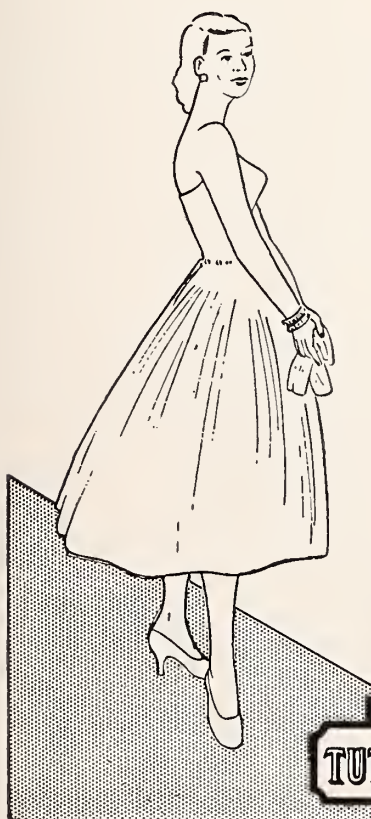
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Phenyl mercuric acetate	3.5 mg.	Tyrothricin	0.5 mg.
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Methyl para hydroxybenzoate	7.0 mg.	Succinic acid	15.0 mg.
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Literature and Sample on request

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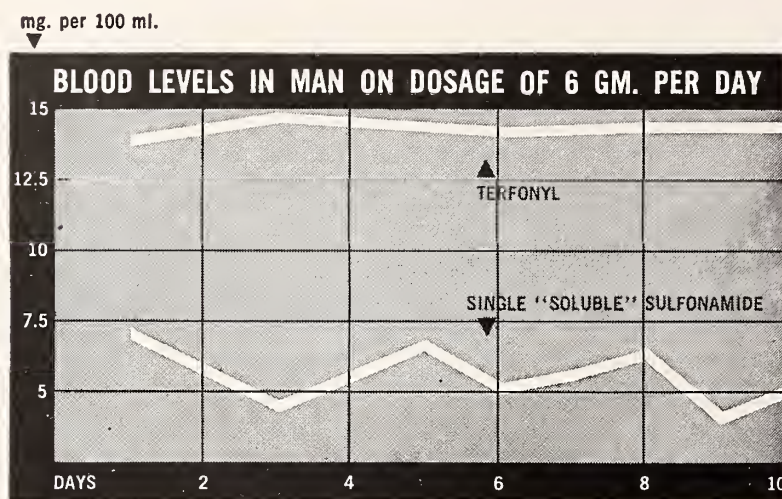
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— After Lehr, D., Modern Med. 23:111 (Jan. 15) 1955.

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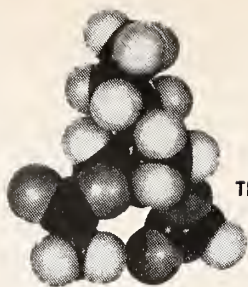
Terfonyl Tablets, 0.5 Gm., bottles of 100 and 1000.

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Literature and Samples Available on Request

News from the County Societies

"Grand Rounds", a film covering all the latest phases of the heart patient under stress, work, pregnancy and surgery, was shown to 40 members of **Wayne-Union County Medical Society** at a dinner meeting in Reid Memorial Hospital, Richmond, on May 8. Some of the foremost heart specialists in the country discussed new procedures throughout the film.

Dr. Henry G. Weiss, Evansville's senior physician, was the speaker at the April 10 meeting of **Vanderburgh County Medical Society** in the Hotel McCurdy. Dr. Weiss has practiced in Evansville for more than 50 years and for the last several years has made an intensive study of geriatric problems in the United States and abroad.

Dr. William Cole, who has been absent from Evansville for several years, was reinstated as a member, and Dr. Herman Sprecher, associate

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"...permit ingestion of
enough salt to make food
palatable; without them,
many patients would lose
their appetites, a conse-
quence of the salt-free diet
which has occasionally been
known to cause serious
malnutrition."*

*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

03156



Wabash County Medical Society members are shown at a spring meeting held in Wabash. Top, left to right, Drs. William D. Dannacher, Wabash; James L. Walker, LaFontaine; Jean T. Stoops, Wabash, president of society; Vincent J. Hanneken, Wabash, secretary; Robert M. LaSalle, Wabash; Charles E. Cook and George W. Seward, both of North Manchester. Lower photo, looking across the table, left to right, Drs. Frederick M. Whisler, Wabash; James G. Kidd, Roann; John F. Mills and A. J. Steffen, Wabash.

of Dr. Ray Burnikel, was voted membership on a transfer from the Chicago Medical Society. The financial report for the year was presented by Dr. John Combs, treasurer.

A closed meeting of the society was held May 8 in the McCurdy Hotel, where business matters of vital importance to the society were discussed. The next meeting will be held in September.



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Porter County Medical Society members are shown at a meeting in Porter Memorial Hospital, Valparaiso. From left to right, top photo, Drs. William C. Robertson, Clarence M. Harless, and Herbert C. Ashmore, all of Chesterton; Drs. J. C. Brown, M. J. O'Neill, Carl M. Davis and Eugene DeGrazia, all of Valparaiso; Dr. Kingdon Brady, DeMotte, and Dr. Thomas C. Hall, Chesterton.

Lower pictures, left to right, show Drs. Owen F. Benz, Wanatah; Francis J. Kleinman, Hebron; Ralph C. Eades, Robert A. Milroy and Chester J. Maternowski, all of Valparaiso; Ellen K. Cohen, Hebron; John R. Frank, Valparaiso; H. L. Cohen, Hebron; and Joseph L. Gordon, Wheeler.

ET TU?

A psychiatrist advised his timid little patient to assert himself. "Don't let your wife bully you. Go home and show her who's boss." The patient went home, slammed the door loudly and roughly seized his wife. "From now on," he snarled in his best Little Caesar manner, "you're taking orders from me, see? You're gonna make my supper this minute and when it's on the table you're goin' up to lay out my clothes, see? Tonight I'm goin' out on the town—alone and do you know who's goin' to dress me in my tuxedo and black tie?"

"You bet I do," was her answer. "The undertaker."

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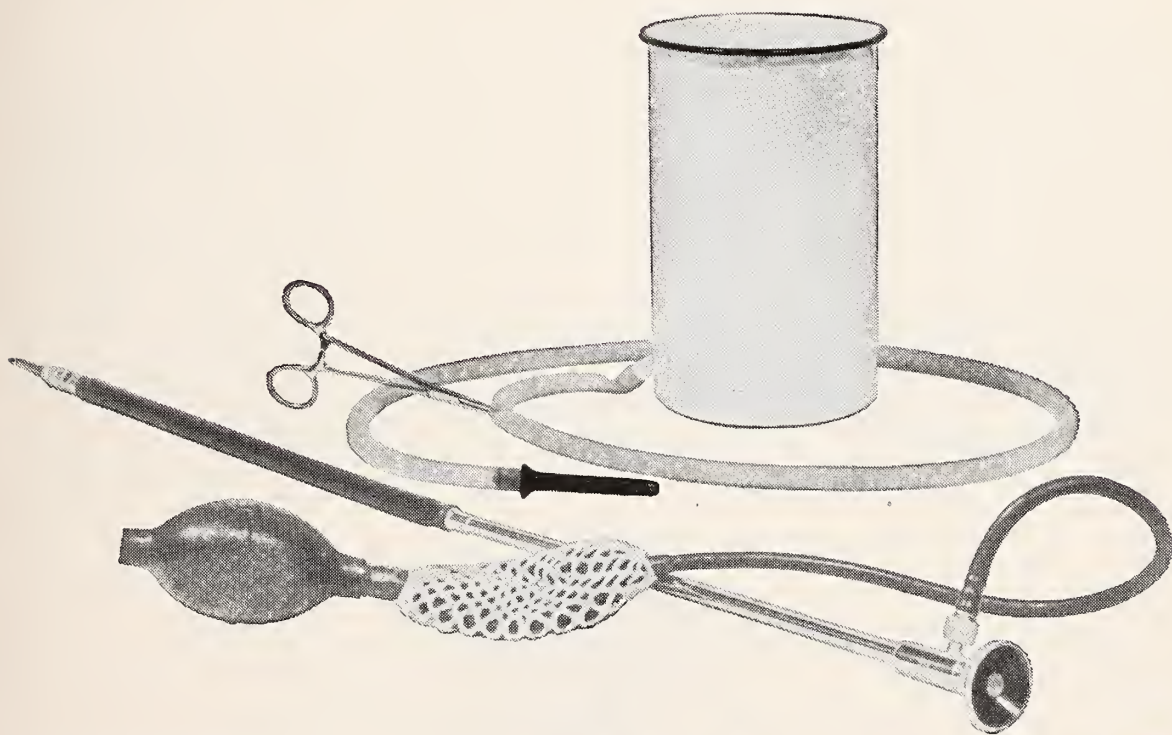
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(Context derived in essence from an editorial appearing in the Kings County (New York) Medical Society Bulletin, June, 1956 and reprinted in part by the Indiana Blue Shield NewsVane, July, 1956.)



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TUESDAY, OCTOBER 16, 1956						
Time	COURSE 1	COURSE 2	COURSE 3	COURSE 4	COURSE 5	COURSE 6
10:00 to 11:00	Infant Feeding Problems Richard B. O'Bryan Columbus	Toxemia of Pregnancy Karl M. Beterlein Fort Wayne	Evaluation of Industrial Disabilities E. S. Jones Hammond	Differential Diagnosis and Treatment of Causes of Jaundice Bernard D. Rosenak Helen D. Van Vactor Indianapolis	Impotence William E. Sutton Indianapolis	Acute Abdomen and Differential Diagnosis C. A. Wiethoff Seymour
11:00 to 12:00	COURSE 7 RH Factor— Erythroblastosis George F. Parker Indianapolis	COURSE 8 Office Gynecology Robert H. Oswald Evansville	COURSE 9 Medical-Legal Problems in the Disoriented Patient Mr. Albert Stump Indianapolis	COURSE 10 Gastrointestinal Hemorrhage William D. Gambill Indianapolis	COURSE 11 Frigidity C. O. McCormick, Sr. Indianapolis	COURSE 12 Treatment of Acne and Common Skin Disorders Robert E. Jenkins Indianapolis
1:00 to 2:00	COURSE 13 Electrolyte Therapy in Pediatrics Ramon A. Henderson Muncie	COURSE 14 Obstetrical Emergencies Paul F. Muller Indianapolis	COURSE 15 Tranquilizing and Stimulating Drugs in Geriatric Care Don J. Wolfram Indianapolis	COURSE 16 Treatment of the Acute Coronary Richard M. Nay Indianapolis	COURSE 17 Common Foot Disorders and Shoe Corrections Wayne R. Glock Fort Wayne	COURSE 18 Use and Abuse of Antibiotics John F. Ling Richmond
2:00 to 3:00	COURSE 19 Retarded Children James E. Simmons Indianapolis	COURSE 20 New Methods of Treatment of Common Rectal Diseases Richard H. Appel Indianapolis	COURSE 21 Treatment of Minor Psychiatric Disorders Dwight W. Schuster Indianapolis	COURSE 22 Some Emotional Factors in Common Medical Disorders James S. Browning Indianapolis	COURSE 23 Painful Shoulder Frank W. Teague Indianapolis	COURSE 24 Effects of Atomic Radiation on Civilian Population William D. Province Franklin
3:00 to 4:00	COURSE 25 Office Treatment of Common Eye Ailments John B. Westfall Indianapolis	COURSE 26 Gynecological Problems During Puberty Sprague H. Gardiner Indianapolis	COURSE 27 Physical Therapy as an Office Procedure Mr. James Morris Indianapolis	COURSE 28 Treatment of Hypertension Walter E. Judson Indianapolis	COURSE 29 Common Errors in Treatment of Fractures of the Extremities M. C. Topping Terre Haute	COURSE 30 Indications and Contraindications of Cortical Steroids Glenn W. Irwin Indianapolis

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Books: Received and Reviewed

VIRAL AND RICKETTSIAL DISEASES OF THE SKIN, EYE AND MUCOUS MEMBRANES OF MAN.

By Harvey Blank, M.D., and Geoffrey Rake, M.C., B.S. 285 pages. Little, Brown and Company, Boston, Massachusetts.

In the foreword to this book Doctor Donald M. Pillsbury of the Department of Dermatology of the University of Pennsylvania School of Medicine, states that this book is a collection of information on a subject concerning which there has not been any adequate previous attempt at complete summation and critical review. He points out that viral and rickettsial infections which involve the skin, the eye, and mucous membranes are very common, and that, although some of them are banal and merely troublesome, others may produce exceedingly chronic and disabling destructive effects upon the skin and mucous membranes; and still others produce cutaneous lesions which are incidental but important signs of systemic disease.

At first it might be thought that such a book as this would be of great interest but of little practical value to any but those specifically interested in the field, but a glance at the table of contents reminds one that there are many very common diseases which are caused by viruses and rickettsial infections. Some of these are herpes simplex, various of the exanthemata, the common cold, warts, epidemic keratoconjunctivitis, and a number of diseases contracted from animals, such as foot and mouth disease, cat scratch fever, and psittacosis.

Naturally much of the material in this book is of more interest to the specialist, but much will also appeal to the practicing physician, especially those sections dealing with diagnostic methods and therapy.

One of the most striking features of the book is the excellence of the illustrations, including color photographs of many of the characteristic lesions of the diseases under discussion.

LALL G. MONTGOMERY, M.D., Muncie.

CIBA FOUNDATION COLLOQUIA ON AGING. VOLUME I. GENERAL ASPECTS.

G. E. W. Wolstenhome, and Margaret P. Cameron, editors, assisted by Joan Etherington. 38 illustrations, 255 pages. Price \$6.75. Little, Brown and Company, Boston.

This is another of the rapidly growing and distinguished library of Ciba Foundation publications, and the first of what is projected as a series of "Colloquia on Aging", which is intended to follow the general pattern of the earlier series of "Colloquia on Endocrinology".

This volume consists of a number of the papers presented by the assembled experts in the field of aging together with the informal, and often even more stimulating discussions, of the other participants in the program. This particular colloquium was intended to be a general exploration and appreciation of the present position in regard to opinion and experiment on the processes associated with, or directly involved in the changes occurring in tissues with age, at whatever period of life of the organism from conception to death.

The problems of aging are with us in increasing numbers and no matter what area of medicine a physician may practice he will find more and more urgent reasons for keeping informed of the rapidly gathering volume of information in the various fields of gerontology and related subjects.

LALL G. MONTGOMERY, M.D., Muncie.

THE PRACTICAL NURSE AND HER PATIENT,

by Fern A. Goulding, R.N., M.S., and Hilda M. Torrop, R.N., B.S. J. B. Lippincott Co., 1955. 319 pp. plus index.

These two RN's, Miss Goulding, The Head, School of Practical Nursing, Indianapolis Public Schools, and Miss Torrop, Executive Director, National Association for Practical Nurse Education, have written a manual, or guide, which emphasizes those points in patient care which many doctors in different regions of the U. S. A. have felt are being de-emphasized in training registered nurses. This book is certainly a very fine guide for anyone who is trying to care for a sick person, but more especially when such care must be given in the home rather than in hospital.

In the introduction, entitled "The Practical Nurse as a Person," the sociological and ethical side is presented in a simple, effective way, without employing the word "ethics" at all.

Then follows a section on "Selection and Care of the Sickroom" which includes good housekeeping and the care of linens and supplies, use and care of flowers, etc. Next comes the patient's personal hygiene, with many specific careful directions, all good. Then come chapters on maintaining the patient in comfort and good posture, safeguarding him from injury, and providing diversion. For the latter purpose are long lists of books, games, music, etc., suitable for all ages. Then come 129 pages on "Carrying Out the Doctor's Orders", including many suggestions and admonitions which not only practical nurses but even R.N.'s would do well to peruse more than once. Particularly good, for use in self-appraisal, are the chapters on caring for those who are growing old, and caring for the long-time sick.

There are chapters on normal food requirements and feeding the sick, on accident prevention, care of emergencies, and the proper use of community health resources.

This book is written so clearly and simply that any girl of 18 or more, of good intelligence, with sufficient poise and maturity, and with real interest in the subject, could read it and consult it, and in a very short time become of great value to any doctor in caring for a sick person in the home. Your office girl could learn much from it.

A. W. CAVINS, M.D., Terre Haute.

MUSCULAR DYSTROPHY: Proceedings of the Third

Medical Conference of Muscular Dystrophy Associations of America, Incorporated. H. D. Bouman, M.D., Editor. 324 pages. The Williams and Wilkins Company, Baltimore 2, Maryland.

This volume consists of the six symposia presented on the program at the Third Medical Conference, sponsored by the Muscular Dystrophy Associations of America, Inc., in New York in the fall of 1954. Four of these symposia deal with basic biochemistry and physiology of muscle, and two with various clinical aspects of the dystrophy problem. This material is published as a single issue of the AMERICAN JOURNAL OF PHYSICAL MEDICINE.

While much of the material in this text is possibly rather esoteric for the average physician, there is also much which will be of real practical value, not only as a review of the subject but as a source of practical information on a rather wide range of modern research in the field of physical medicine.

LALL G. MONTGOMERY, M.D., Muncie.

THE HUMAN ADRENAL CORTEX. Ciba Foundation Colloquia on Endocrinology. Volume VIII. G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Margaret P. Cameron, M.A., A.B.L.S., Editors for the Ciba Foundation. 665 pages. Price \$10.00. Little, Brown and Company, Boston, Mass.

This volume is a truly encyclopedic discussion of a subject which has become of particular interest in the last few years. Those who have seen previous examples of this type of treatment of various medical subjects in this series of "Colloquia" will know what to expect in this book, but to those to whom the "Colloquia" are now the method of presentation may be a surprise, albeit a pleasant one.

Since 1949, beside many part-day discussion of various subjects there have been over thirty international symposia held under the Ciba Foundation in London, to which outstanding workers in the various fields of medicine and related sciences have come to take part in these meetings, lasting from two to four days. The present volume is the eighth of a series of publications arising from some of these meetings.

It is apparent from the way in which the text is prepared that the symposia are conducted in a way to encourage informality and intimacy in the discussion of both the fundamental knowledge of the subject as well as the current and incomplete research and the resultant speculations as to future developments. This makes for fine reading, and although much of this large book is strictly for the researcher or the specialist in the field of endocrinology, it is a mine of carefully documented and fully indexed information that will fill an unoccupied place in the library of anyone interested in the rapidly changing knowledge of the adrenal.

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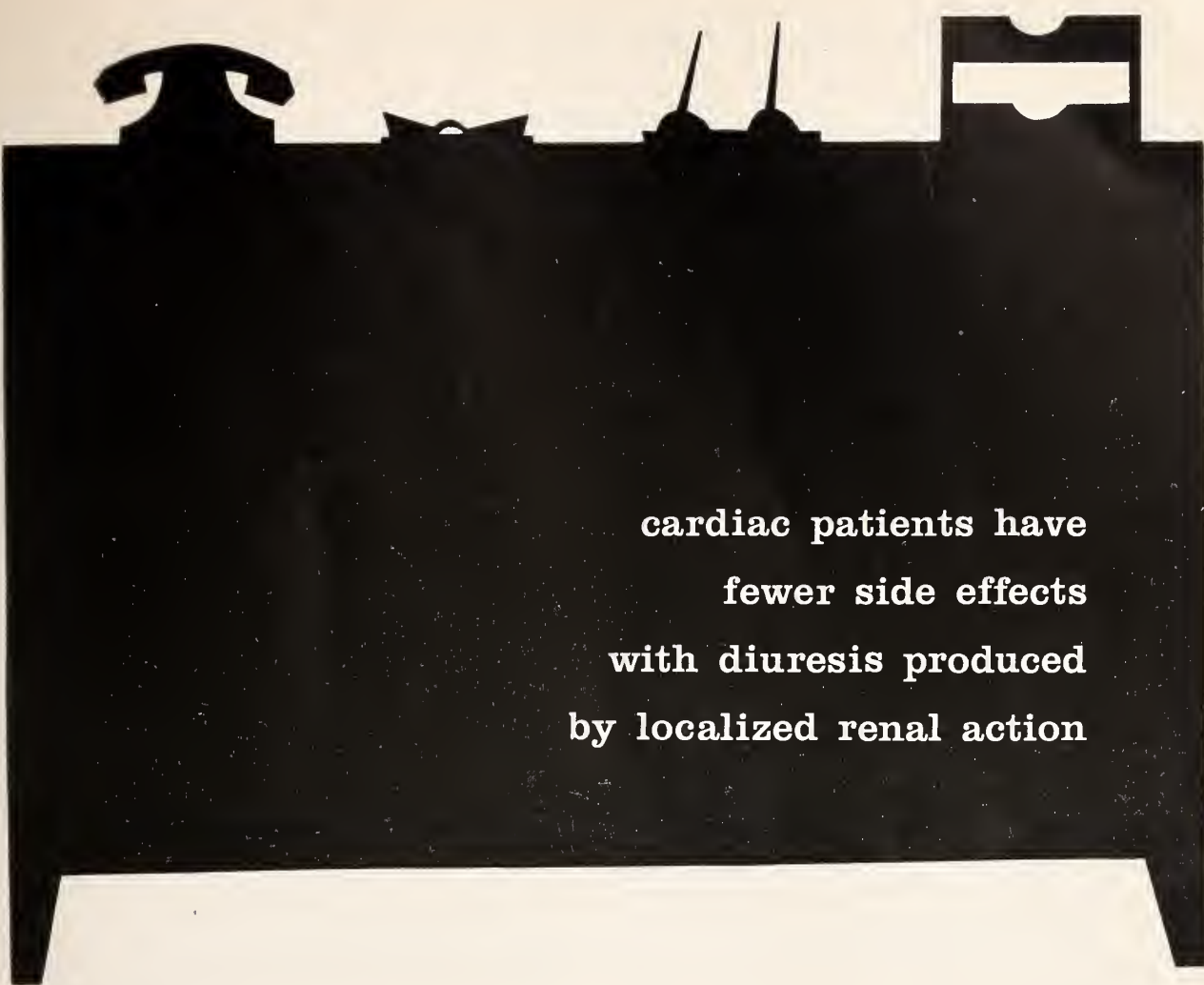
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B) cortical
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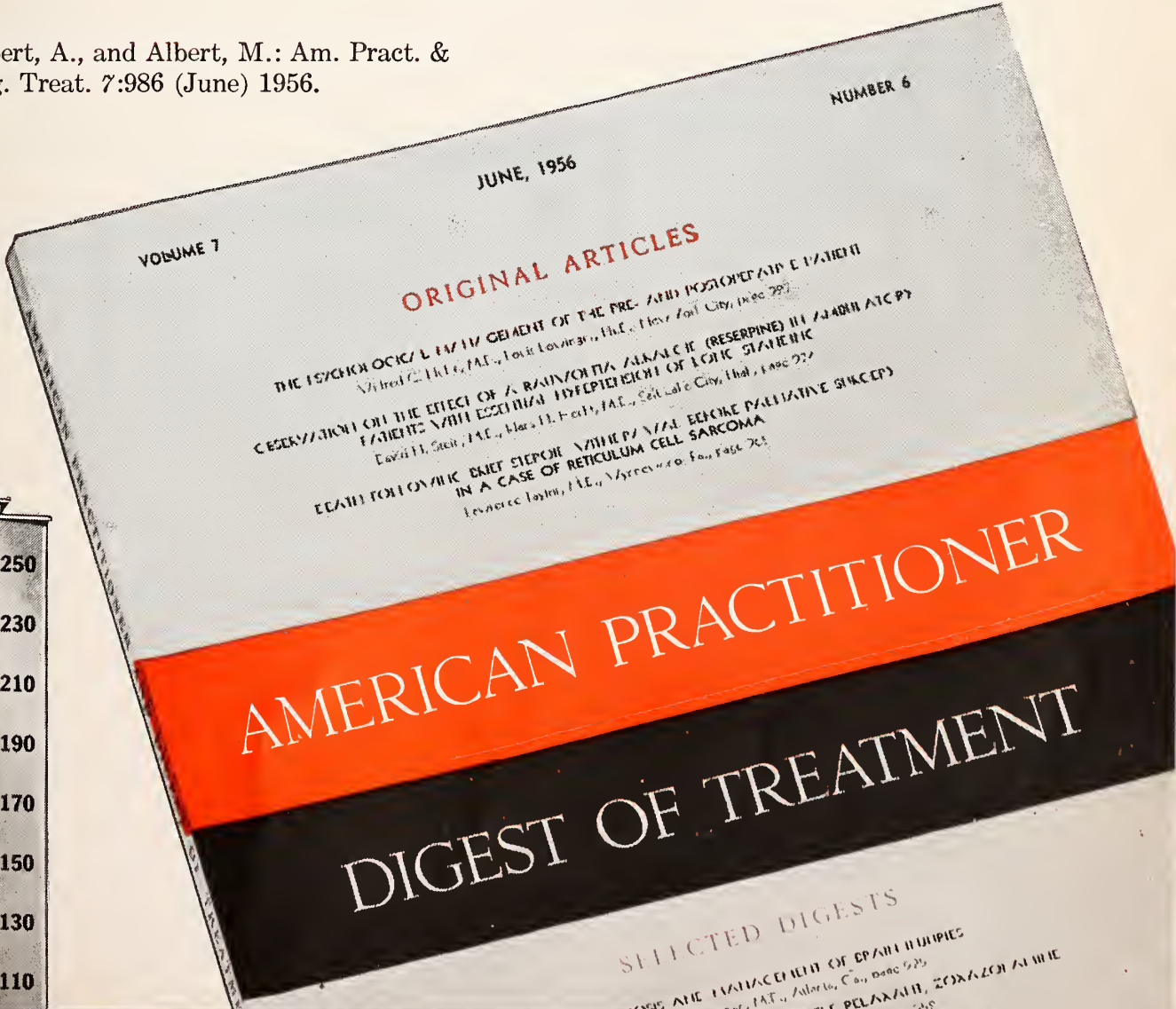
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1. Albert, A., and Albert, M.: Am. Pract. & Dig. Treat. 7:986 (June) 1956.



This summary of what is happening in Washington is prepared by A.M.A.'s capitol office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C. — Regardless of which party organizes the next Congress or who occupies the White House, health and welfare legislation promises to take up considerable time and attention of lawmakers. There is nothing to indicate that the general subject of health has lost its appeal either to the public in general or to men who run for political office in particular.

The national platforms on which the candidates of both parties have been campaigning are somewhat of a blueprint for the type of legislation to come in the 85th Congress, convening next January 3; generally, both parties advocate more rather than less federal participation in health and welfare programs. Here are some of the points in the two platforms:

Aid to Medical Schools—The Republicans recommend "federal assistance to help build facilities to train more physicians and scientists" as a supplement to action of the 84th Congress authorizing federal grants to schools and other groups for laboratory research facilities. The Democrats state: "We pledge ourselves to initiate programs of federal financial aid, without federal controls, for medical education."

Aid to Hospital Construction—The Republican plank: "Republican leadership has enlarged federal assistance for construction of hospitals." The Democratic plank: "We pledge continuing and increased support for hospital construction programs."

Medical Research—Republicans: "We have

asked the largest increase in research funds ever sought in one year to intensify attacks on cancer, mental illness, heart diseases and other dread diseases." Democrats: "We shall continue to support vigorously all efforts, both public and private, to wage relentless war on diseases . . . We commend the Democratic party for its leadership in obtaining greater Congressional authorizations in this field."

Vocational Rehabilitation — Republicans: "We have fully resolved to continue our steady gains in man's unending struggle against disease and disability." Democrats: "We pledge support to a vastly expanded rehabilitation program for these physically handicapped, including increased aid to states."

Medical Care—Republicans: "We have encouraged a notable expansion and improvement of voluntary health insurance, and urge that reinsurance and pooling arrangements be authorized to speed this progress." Democrats: "We pledge . . . increased federal aid to public health services, particularly in rural areas."

Social Security — Republicans: "We shall continue to seek extension and perfection of a sound social security system." Democrats: By lowering the retirement age for women and for disabled persons, the Democratic 84th Congress pioneered two great advances in social security . . . We shall continue our efforts to broaden and strengthen this program by increasing benefits to keep pace with improving standards of living, by raising the wage base upon which

benefits depend and by increasing benefits for each year of covered employment."

NOTES:

Further evidence that federal aid to medical schools will be high on the agenda of the next Congress is the survey underway by the staff of the House Interstate and Foreign Commerce Committee. More than 50 organizations have been sent letters requesting background facts on financial needs of medical schools and the demand for medical school applicants "rather than arguments intended to support or oppose any particular form of federal aid." The information is being gathered as a preliminary to hearings in the next Congress.

Public Health Service announced the availability of 250 traineeship grants for graduate or specialized training of professional public health personnel under the newly enacted Health Amendments (Omnibus) Act. Emphasis is on bringing new and younger people into public health, men and women under 35 years of age. Congress voted \$1 million for the program this year. Another 500 traineeships from a \$2 million

appropriation are offered for graduate nurses in administrative, supervisory and teaching positions.

While Defense Department officials were putting the finishing touches on regulations to carry out the military dependents medical care program, the State Department was working on its own version of a program for furnishing care to about 13,500 dependents of Foreign Service personnel stationed overseas. In most instances, medical and hospital care (with a \$35 deductible clause) will be supplied in U. S. military installations.

To aid Defense in setting up fee schedules for military dependents using private physicians and facilities, state medical societies in cooperation with the American Medical Association have been asked to supply data on prevailing medical care charges.

New chief of the PHS Communicable Disease Center at Atlanta, Georgia, is Dr. Robert J. Anderson, a career PHS officer who has been serving as assistant chief of the division of special health services.



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ATARAXOID exerts the anti-rheumatic, anti-inflammatory activity of STERANE distinctly superior to previous steroids, effective in radically reduced dosage, and with minimal disturbance of electrolyte and fluid metabolism.

The ataractic effect is a central neuro-relaxing action — the result of a marked cerebral specificity — free of mental fogging and devoid of any major complications: no liver, blood or brain damage. This peace-of-mind component is also used in the lowest dosage range.

Supplied: Each green, scored, ATARAXOID oral tablet contains 5 mg. prednisolone (STERANE) and 10 mg. hydroxyzine hydrochloride (ATARAX). Bottles of 30 and 100.

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Food and Drug Administration Urges Reduction of Reserpine Dosage

THE FOLLOWING LETTER was mailed to pharmaceutical manufacturers and released to the medical press by the Food and Drug Administration of the Department of Health, Education and Welfare, Washington 25, D.C. for release August 23. It was released to the press in the interest of insuring that the information reaches practicing physicians. It was signed by Ralph G. Smith, M.D., Chief, New Drug Branch, Department of Medicine, and reads as follows:

This letter is being sent to all pharmaceutical firms holding effective new-drug applications for any product containing reserpine. Its purpose is to make certain recommendations with respect to the labeling of this drug. Although your current labeling may already incorporate many of the following points, it is requested that you give them serious consideration.

When reserpine was first introduced the available evidence suggested that it was a drug of very low toxicity, with no contraindications, and with a wide range of safe dosage. As the drug has been used more extensively it has become increasingly apparent that reserpine is not the innocuous substance it was first thought to be, that there are contraindications, and that the safe level for long term outpatient maintenance is lower than the originally recommended dosage schedule.

A number of firms marketing this drug have voluntarily reduced the dosage they are recommending and have added additional warning statements in their literature to physicians. Firms whose new-drug applications have recently become effective have incorporated many of these changed concepts into their labeling. However, the labeling of many preparations that have been marketed for a longer time fails to reflect these new data.

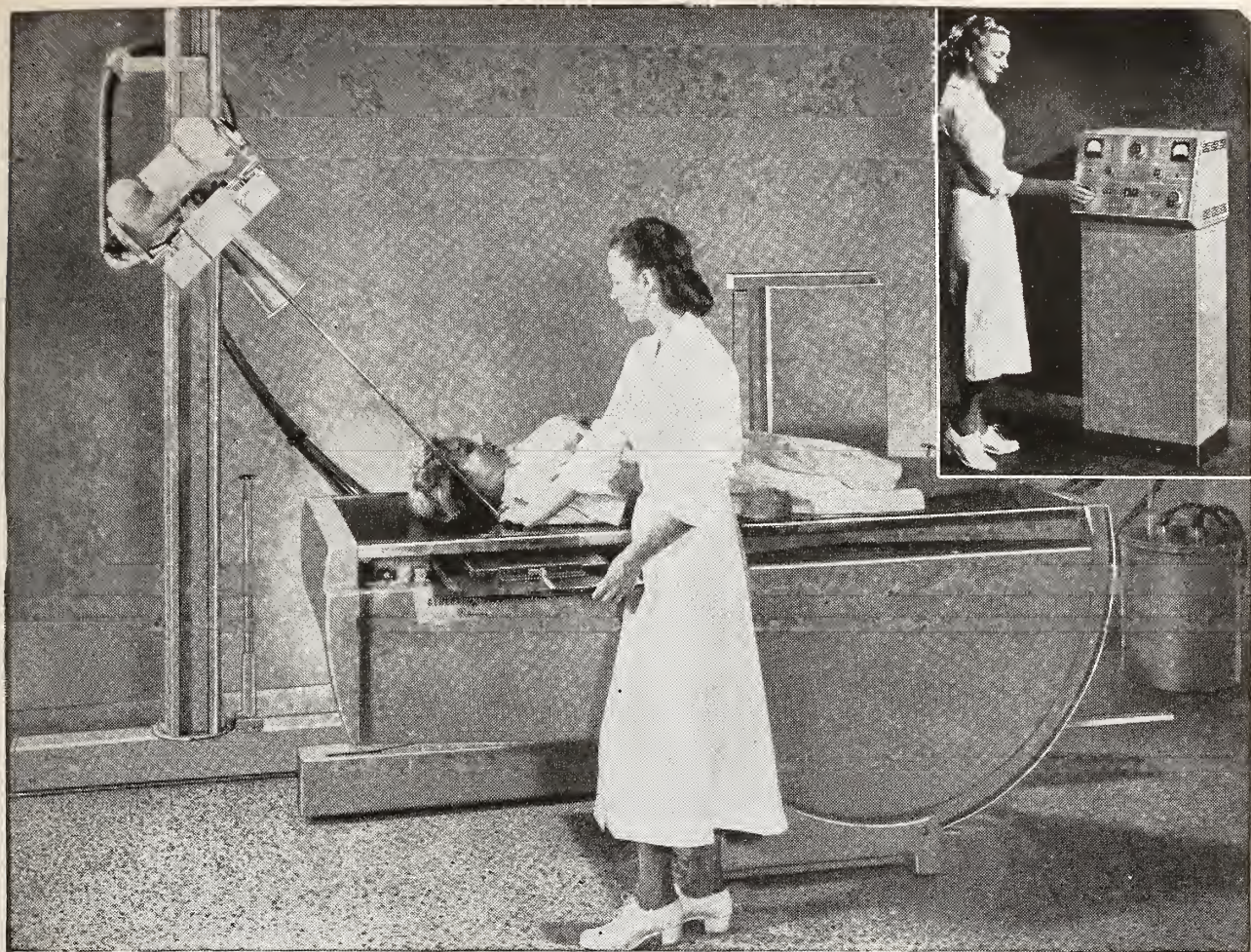
Papers and exhibits presented at the meeting of the American Medical Association held in Chicago June 11-15, 1956, emphasized the importance of apprising physicians of the latest information on the potential hazards of reserpine. There is an urgent need to bring all reserpine labeling into conformance with the best current

available knowledge and to insure that this information reaches the practicing physicians.

In the treatment of hypertension, or of anxiety states on an outpatient basis, it is the present consensus that the usual recommended maintenance dose should be 0.25 mg. daily. While doses up to 1.0 mg. daily may safely be recommended for the initiation of therapy, they usually should not be continued for longer than a week. No substantial benefit is obtained by larger doses sufficient to compensate for the added hazard. An occasional patient may require up to 0.5 mg. daily as a maintenance dose, but if adequate response is not obtained from this dosage, it is well to consider adding another hypotensive agent to the regime rather than increasing the dose of reserpine.

Continued use of reserpine in doses of 0.32 mg. daily has been shown to increase gastric secretion and gastric acidity in a significant number of cases whereas daily doses of 0.25 mg. have not been shown to do so. Doses of 0.5 mg. daily for as short a time as two weeks produced this effect in most of the individuals tested and have resulted in massive gastro-intestinal hemorrhage or perforation of an ulcer. More important, reserpine in daily doses of 0.5 or 1.0 mg. produces severe depression in a significant number of individuals, and has precipitated a very considerable number of suicidal attempts, some of them successful. Many of these depressions have been severe enough to necessitate long-term hospitalization in psychiatric institutions. For these reasons it is believed that reserpine in daily doses above 0.25 mg. is contraindicated and in lower doses should be used with caution in patients with a history of mental depression, peptic ulcer or ulcerative colitis. Furthermore, physicians should be specifically cautioned with respect to the danger of depression, and should be urged to follow their patients carefully with this in mind, and to alert responsible members of the family to the hazards. The same general

(Please turn to page 1174)



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Clinical evidence^{1,2,3} indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

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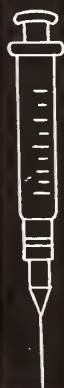
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Food and Drug Administration

(Continued from page 1170)

principles should apply to the labeling of *Rauwolfia serpentina*.

The optimal dose of reserpine in the treatment of institutionalized psychotic patients is not equally well established. There is no general agreement as to the safety of dosages higher than 5 mg. daily, and it is believed that the usual maintenance dose should be stated as 2.0 mg. daily. Labeling of the higher strength tablets of reserpine intended for neuropsychiatric use should contain prominent warnings that reserpine should be discontinued for approximately one week before instituting shock therapy, since it may result in increased severity of convulsions, respiratory difficulty, and other complications; that a syndrome suggestive of Parkinsonism develops frequently in patients on large doses of reserpine but is usually reversible upon lowering the dosage or discontinuing the drug; and that the possible dangers of hypotension and fluid retention should be borne in mind when large doses are used in debilitated patients or those with cardiac disease.

Reserpine tablets of 0.1, 0.25 or 0.5 mg. are suitable for the treatment of hypertension and mild anxiety states. Reserpine tablets of 0.75 mg. potency or higher are suitable only for use in the neuropsychiatric treatment of hospitalized patients under carefully controlled conditions, and the labels should state "For neuropsychiatric use only." In view of the wide variety of dosage forms available it is important that the label declaration of the strength of the tablet should be very prominent, and preferably should be of a different color from the rest of the label in order to obviate any chance of 1.0 mg. tablets, for instance, being dispensed in error as 0.1 mg. tablets.

In our opinion it is important, in the interests of safety, to incorporate the above concepts in your labeling for reserpine. Accordingly, it is requested that your labels and labeling be revised, if indicated, to reflect the changes suggested above and submitted as a supplement to your new-drug application at your earliest convenience. Your cooperation will be appreciated.



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Health Insurance Coverage in U. S. Reaches All-Time High

BENEFIT PAYMENTS designed to help people pay hospital and doctor bills are running 20 percent higher this year than last, the Health Insurance Council announced recently in issuing the findings of its tenth annual survey of the extent of voluntary health insurance coverage in the United States. As of July 31, 1956, the Council estimates that some 110 million persons were covered by hospital insurance; 94 million had surgical protection; 58 million had regular medical expense coverage, and seven million were insured against major hospital and medical expenses.

The Committee on Prepayment Medical and Hospital Service of the AMA's Council on Medical Service contributes information on various

programs sponsored or approved by medical societies. The entire survey brings together Blue Shield figures reported by medical society plans as well as figures of independent plans, Blue Cross and plans underwritten by insurance companies.

Some highlights of the survey as of the end of 1955:

- (1) Number of persons insured against hospital expenses increased by 6.1 percent; surgical insurance up 7 percent; regular medical expense insurance gained 17.5 percent; major hospital and medical expense insurance increased 134.5 percent.
- (2) Benefits for hospital expense still occupied top spot in American health insurance program—59,645,000 persons held policies from insurance companies; 50,726,000 enrolled by Blue Cross-Blue Shield; 4,530,000 covered by miscellaneous plans.
- (3) Growing public awareness of the cost of catastrophic illness prompted the sharp rise in the number of persons covered by major hospital and medical expense insurance. Of the 5,241,000 persons covered at the end of 1955, 4,759,000 had protection through their place of employment while 482,000 were insured through individual and family plans.
- (4) Protection to help meet the expense of surgical care was provided by private insurance companies to 56,645,000 persons; by Blue Shield-Blue Cross plans to 39,165,000, and by other types of plans to 4,340,000.

The Health Insurance Council is a federation of leading insurance associations. Its report probably will be available in pamphlet form later this fall.

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reputation of being
the most powerful and
consistently effective
of all diuretic drugs."***

TABLET

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*Goodman, L. S., and Gilman, A.: The Pharmacological Basis of Therapeutics, ed. 2, New York, The Macmillan Company, 1955, p. 847.

07756

**abnormal capillary
permeability and fragility
frequently occur in
and are aggravated by...**

**habitual and
threatened
abortion**

**certain
respiratory
infections**

**diabetic
and other
retinopathies**

**gingival
bleeding;
epistaxis**

**C.V.P. is a
specific aid in
the prevention
and correction of
capillary fault
in such
conditions**

hypertension

**gastrointestinal
bleeding**

**C
V
P**

Each C.V.P. capsule
or each 5 cc. of syrup
(approx. one teaspoonful) provides:
Citrus Bioflavonoid Compound . 100 mg.
Ascorbic Acid (vitamin C) . . . 100 mg.

capsules: bottles of 36, 100, 500, 1000.
syrup: bottles of 4 oz., 16 oz. and gallon.

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(double strength C.V.P.)

Each duo-C.V.P. capsule provides:
Citrus Bioflavonoid Compound . 200 mg.
Ascorbic Acid (vitamin C) . . . 200 mg.

capsules: bottles of 100, 500 and 1000.

C.V.P. helps diminish increased capillary permeability, fragility, and resultant bleeding by acting to maintain the integrity of the intercellular cement of capillary walls.

C.V.P. provides the many active bioflavonoid factors of the whole citrus bioflavonoid complex. C.V.P. is water-soluble and is thus readily absorbed and utilized, in contrast to purified hesperidin and rutin which are poorly soluble in water.

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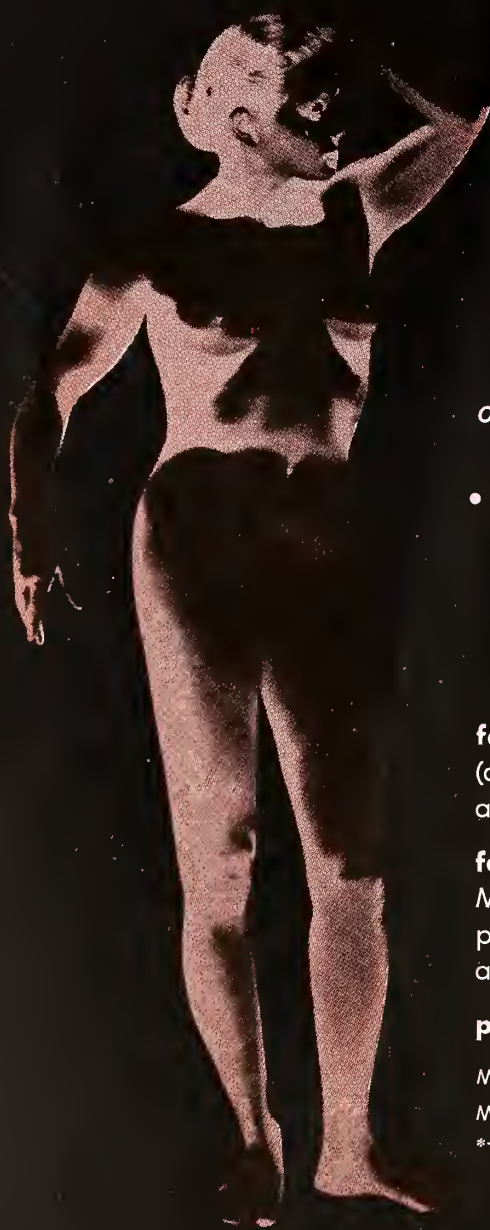
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magnified potency
with Meti-steroid
effectiveness in allergic
and inflammatory dermatoses

new

Meti-Derm cream 0.5%

with METICORTELONE, original brand of prednisolone



- *approximately*
twice the per milligram
anti-inflammatory activity
of topical hydrocortisone
- *cosmetically acceptable*
- *water-washable*

for effective local relief of allergic (atopic and contact) dermatoses, nonspecific anogenital pruritus.

formula: Each gram of water-washable METI-DERM Cream contains 5 mg. (0.5%) of prednisolone, free alcohol, in a cosmetically acceptable base.

packaging: METI-DERM Cream, 0.5%, 10 Gm. tube.

METI-DERM,* brand of prednisolone topical.

METICORTELONE,® brand of prednisolone.

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...and adding dual control
to Meti-steroid skin therapy —
protection
against infection

new

Meti-Derm ointment

with Neomycin

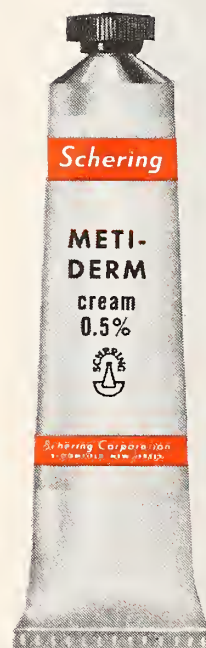


*enhanced effectiveness
in allergic, inflammatory
dermatoses when
minor infection
is present
or anticipated*

**neomycin in addition to
prednisolone, free alcohol**
—for protective coverage against
virtually all pathogenic skin
bacteria with a well-tolerated,
topical antibiotic.

formula: Each gram of
METI-DERM Ointment with Neomycin
contains 5 mg. (0.5%) prednisolone,
and 5 mg. (0.5%) neomycin sulfate
equivalent to 3.5 mg. neomycin base.

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The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 49 — October 1956 — Number 10

Syncardial Therapy, a New Method of Treating Vascular Disease with a Machine, the Syncardon

HAROLD E. MILLER, M.D.

Seymour

ADVANCEMENTS IN THE SCIENCES serving the art of medicine have produced a steadily lengthening span of human life. People are living longer and physicians are having to treat in increasing numbers the problems of an aging population.

The systems of the body do not always show the pathological changes of age at the same rate or at the same time. The vascular system in many individuals is the first to produce symptoms of the changes taking place as the result of age. There is an increasing group of patients who are suffering from the degenerative changes occurring in the vascular system whose symptoms appear first in the regions farthest from the heart, the feet and legs. There the flow of blood is slowest, the pulse wave has traveled the farthest and there the vascular system seems to be the most vulnerable to pathological changes. As

the distance from the heart increases, the tissues experience anoxia from peripheral arterial disease. A vicious circle is established in that collagenous increase results and "degeneration" is increased.

Medical history has recorded many examples of attempts by man to aid the flow of blood through the peripheral circulation. Pressure cuffs and tourniquets, which alternately produce venous congestion and release it, is one example. Glass boots in which an extremity could be placed and subjected to alternate positive and negative atmospheric pressure have been tried. The results of these methods have been discouraging. They have all used some kind of cyclic action to encourage the flow of blood, some very slow, others more rapid, but none of them had any means of timing their action with the patient's own cardiac cycle. They hindered the

flow of blood more than they increased or aided it, because they could not be synchronized with the pulse wave.

In this paper I am describing a relatively new machine and presenting the results of its use in the treatment of patients. This machine makes possible a revolutionary method of aiding the flow of blood through the peripheral arterial beds by increasing the force of the pulse wave. This effect is brought about by applying force to the extremities of the patient through pressure cuffs which are inflated and deflated in perfect time with the patient's heart. This machine was invented by Dr. Maurice Fuchs of the University of Berne, Switzerland, and is widely used by physicians and clinics in Europe.¹ It was introduced into the United States by Dr. James F. Lyons of Coral Gables, Florida and was reported by him in the *Southern Medical Journal*, August, 1955. It differs from all other mechanical devices that have ever been used to aid the flow of blood in the peripheral circulation by being timed with and by the heart. It is a mechanical auxiliary heart capable of aiding the peripheral circulation by being under precise electronic control and keeping step with the patient's own cardiac cycle no matter how erratic his heart rhythm might be.

PHYSIOPATHOLOGICAL CONSIDERATIONS

The principle of syncardial therapy is based upon the following concepts: the circulation of the blood is maintained on the one hand by the rhythmic pressure exerted on the blood by the ventricles during cardiac systole and on the other hand by the rhythmic elastic systole of the arteries which follows in the same rhythm as the cardiac systole. Blood circulation, therefore, is the result of the combined action of the rhythmic contractions of the ventricles as well as the subsequent rhythmic constrictions of the arteries which have been dilated by the pulse wave. The elastic elements of the blood vessels are a storehouse of energy, which are dilated upon the increase in pressure and which transform the kinetic energy of the pulse wave into potential energy. As the pulse wave fades, the elastic pressure of the walls of the vessels forces the blood in the direction of least resistance to its flow.

In the case of peripheral vascular disorders, the contractile force is not great enough to over-

come the pathologically increased resistance in the peripheral vessels. The supply of blood becomes incapable of nourishing the tissues as well as the blood vessels of the affected areas. This leads, depending on the degree of the disturbance, to the well-known manifestations of local anoxia, intermittent claudication, atrophy and gangrene.

By the use of properly adapted syncardial pressure impulses the capacity of the vessels during their systole is increased by the action of external pressure impulses so that the power of their constricting force becomes greater. This in turn exercises and improves the elastic sustaining force imparted to the traveling blood. Through the transmission of external kinetic energy the systolic output of the vessels is strengthened without imposing increased stress on the heart.

In order to increase the systolic output of the vessels the pressure impulses must occur exactly in rhythm with the heart, and must, during the entire treatment, follow exactly all the changes in rhythm which arise through psychic or physiological causes. The pressure impulses must also be adjusted to the pulsation of the vessels; that is, be permitted to act only when the pulse wave has reached and dilated the vessels of the body region to be treated. The pressure impulses are not permitted to continue beyond the period of contraction of the vessels. Prolonged external pressure would produce a barrier to the next pulse wave and would prevent the dilation of the vessels. Finally, the pressure impulses must be exerted on the arteries only when the aortic valve is closed so that a back-pressure wave is not transmitted to the interior of the heart.

The progress of treatment with the Syncardon can be followed with the oscillometer and thermocouple. An increase on the oscillometer has been found by us after treatment of extremities seriously affected by arterial circulatory disorders, indicating that the pulsation of the large vessels has been increased. With this increased pulsation we have demonstrated a warming effect by applying the thermocouple to the skin before, during and after treatment. This warming effect is so marked that it can be detected easily by casually touching and stroking the extremity before and after treatment. Cyanosis, pallor and congestion can be seen to decrease and disappear. In arteriosclerosis associated with diabetes, the

patient soon notices a steady decrease and eventual disappearance of the "numbness" that is so often found in these cases. This numbness may be slight in mild cases and the patient may have become so used to it that he is made aware of it only after it has begun to improve and disappear. We have found this lack of sensation in a diabetic arteriosclerotic extremity to be so severe that the patient had lost the sense of position of his foot. With syncardial treatment the extremity was restored to normal sensation, warmth and strength.

THE WORKING PRINCIPLE OF THE SYNCARDON

The machine functions as an auxiliary heart or booster pump. It is obvious that precise adjustment for the individual cardiac and arterial rhythm can be realized only with a highly efficient and extremely precise apparatus. The synchronization of the pressure pulses with the rhythm of the heart is obtained by using the electrical current produced by the patient's cardiac action. The R-peak of the ECG is a relatively strong and distinct electric pulse and it is used as the trigger-pulse to start the machine through its cycle. The ECG current is picked up by electrodes in the same manner as for an ECG tracing. After sufficient amplification the R-wave peak is fed from the amplifier to a pulse delay device which is capable of delaying the action of the machine from a minimum of 0.1 second to 0.5 second after the R-peak. This "delay insertion" is necessary so that the pulse wave may travel from the ventricle to the site where treatment is being given. The pressure impulse from the machine must arrive at the exact instant when the pulse wave in the vessels begins to fade so that it can reinforce and sustain the pulse wave. The added impulse controlled electronically is applied at the chosen moment and held in action from 0.1 to 0.4 seconds, as is best for the patient's needs. The duration of pressure in the cuff must be accurately controlled so that pressure will not be present when the next pulse wave arrives in the vessels at the site of treatment. The synchronization of the machine is therefore automatic, since it depends on the R-peak which arrives from the patient with the speed of light. The machine amplifies this current, delays it, increases its duration and finally terminates it according to the patient's individual requirements for his pulse rate,

rate of pulse wave travel and the site of treatment. A more detailed description of how this is accomplished will be found at the end of this article with diagrams. It seemed to me that this kind of an explanation of the working principle of the machine would enable one to understand how vascular diseases can be successfully treated with the Syncardon.

PERIPHERAL CIRCULATORY DISORDERS

In peripheral circulatory disorders the heart is seldom affected. The volume of the blood flowing in the peripheral vessels at a given time is directly proportional to the pressure behind it and inversely proportional to the resistance which it meets in its course. In peripheral vascular diseases the blood pressure is as a rule not affected by the disease. The diminished flow of blood is explained by the mechanical obstruction which we find in the peripheral vessels; for example, atheromatous plaques, constrictions, thrombi, and vasospasm. In order to overcome such resistances to the flow of blood it is obviously necessary to increase the pressure in that part. The heart does not respond with higher pressure and cannot produce a selective local increase in pressure in a part of the vessel.

In peripheral vascular disorders the force of the pulse wave is not great enough to overcome the resistance in the peripheral vessels. Like water flowing in a plumbing system, it follows the path of least resistance and largely avoids those pathways where the resistance to its flow is high. When syncardial treatment is applied, this condition is changed. The kinetic energy applied to the vessels overcomes peripheral resistance. Collateral vessels are opened up and put into play. "The cardinal theory of this method of treatment is that small vessels can be stretched and, if they are stretched and relaxed rhythmically over a period of weeks or months, they can be converted permanently into vessels of larger caliber. The Syncardon works primarily on the many small collateral vessels that still have some elasticity and are capable of being dilated, but it also improves the larger, sclerosed and partly occluded vessels. This is proven by the return of the dorsalis pedis pulse after treatment in many cases. The nutrition and blood supply of the vessel walls are improved because of increased circulation through the vasa vasorum."²

Graphic proof of the fact that the Syncardon

does propel blood through arteries where very little or none had been flowing previous to the application of the treatment is shown by the following experiments.³ A case of arteriosclerotic gangrene was selected in which amputation of the leg was necessary to save the patient's life. The syncardial apparatus was applied above the site of amputation. When the leg was removed the stump did not bleed. Then the syncardial apparatus was put into action. Immediately the arteries started to spurt in a jet. When the action of the apparatus was interrupted the bleeding stopped altogether. This was repeated several times in this case, with the same effect. Further, it was strikingly demonstrated that if the impulses were not adapted exactly to the systolic phase of the vessels, bleeding of the vessels did not occur, even when the apparatus was in action.

These experiments are of considerable importance and show that the rhythmic pressure impulses applied to the vessels increase the volume and strength of the flow in these vessels only when these pressure impulses are adapted not only rhythmically, but also harmoniously, to the rhythm and systolic phase of the pulsations of the vessels. Besides an improved blood flow, and hence better nourishment of the tissues in the treated area, there is at the same time a stimulation of the functional action of the blood vessels in the affected part in the sense that all walls of the vessels themselves receive a larger supply of blood. During syncardial treatment the walls of the blood vessels are better flushed and provided with blood, and thus better nourished in the two ways by which the walls are supplied with blood—namely, by the vasa vasorum as well as by the lumen. Their functional ability is thus improved. The fact that the effect of syncardial treatment generally lasts for a considerable time after treatment is probably also due to the improved condition of nourishment of the walls of the vessels themselves. It has been shown that the peripheral spasm of the blood vessels is generally relieved quickly under the effect of the syncardial pressure impulse.

The return flow of blood from the lower extremities is helped along by the massaging action of the muscles in walking. As might be surmised, the rhythmic pressure impulses of the cuffs of the Syncardon are an efficient booster of the return flow of venous blood. Because the lymph vessels follow closely along the veins, the return flow of lymph is also greatly improved.

Nerve tissue cells are highly sensitive to changes in the arterial blood circulation as well as changes in the blood chemistry however slight. Any of these changes occurring during disease would progressively affect the normal function of the nerves in the area under treatment. Nerve tissue recovers very quickly from the effects of asphyxiation. This is probably the reason that pain disappears rapidly at the application of syncardial treatment to an area through which there is insufficient blood circulation.

The main clinical results of syncardial treatments reported by Dr. Lyons² and also observed by us are as follows:

(A) Objective findings:

1. Increase in the temperature of the skin.
2. Improved oscillations as shown on the oscillometer.
3. Reduction of cyanosis.
4. Return of peripheral pulses on palpation which were not palpable before treatment was begun.
5. Quick healing of severe trophic ulcerations and gangrene.
6. Functional improvement in the affected member.
7. Marked reduction or disappearance of post-operative and post-traumatic edema.
8. Release of spasm of vessels.
9. Relief from pruritis.
10. Decrease of hyperhidrosis.
11. Marked increase of diuresis.
12. Marked general improvement in health and well-being after a period of syncardial treatment.

(B) Subjective findings:

1. Rapid reduction or elimination of pain.
2. Greater tolerance toward heat or cold.
3. Decrease and relief from the complaints of angina pectoris.
4. Relief of numbness and return of normal sensation in extremities.

Contraindications to Syncardial Treatment:

1. Aortic insufficiency.
2. Acute thrombophlebitis.
3. Acute inflammatory conditions.
4. Rapidly spreading gangrene.
5. Severe cachexia.

Figure 1.



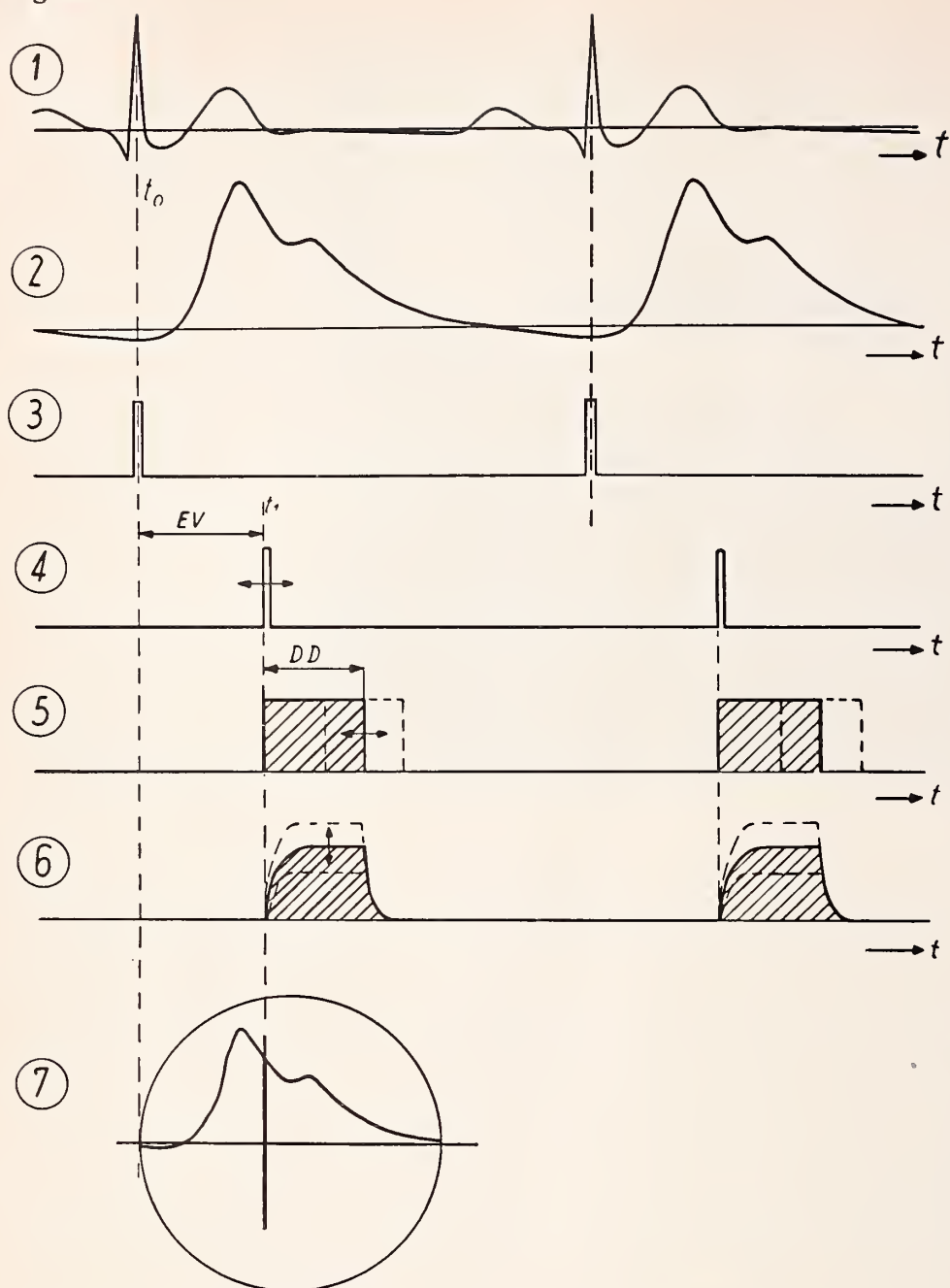
II. General Description of Syncardon

Figure 1 shows the Syncardon in use. The machine is contained in a lacquered metal case mounted on four swivel casters. The apparatus can easily be moved by two handles mounted on the side-walls of the case. All the control and supervision elements are conveniently arranged on a slightly tilted top panel. In the interior of the apparatus the electronic units are mounted on a plug-in type chassis which makes exchange of parts easy in case of possible failure.

Figure 2 and Figure 3 show the electrical and pneumatic lay-out of the machine.

Figure 2 is a schematic representation of the various changes made in the ECG of the patient converting it into a pneumatic compression impulse of the treatment cuff. In line 1 the wave form of the ECG is shown in relation to time. Line 2 shows the form of the pulse wave as seen in the cathode-ray tube (KO in Figure 3). In line 3 the R-peak of the ECG is shown converted into an electrical trigger-pulse of short duration. Line 4 shows the trigger-pulse delayed in time in relation to the R-peak. This controllable delay is registered by the machine in 0.01 seconds. It enables the pulse wave generated by the ventricle to pass down the aorta and into the peripheral vessels to the location of treatment cuff where it is reinforced by the pneumatic action of the cuff. Line 5 shows the action of the controllable pulse-stretcher which converts the delayed but short pulse into a more or less long pulse wave form, the duration of which corresponds to the pneumatic compression time of the cuff. The pulse-stretcher is therefore the control element of the pressure duration in the cuff. Line 6 represents the pneumatic pressure wave in the treatment cuff, the height of the wave represents the degree of pressure in mm.Hg. These six lines explain in a schematic way the changes which the Syncardon makes in the R-wave of the ECG converting it into a pneumatic impulse, efficiently and extremely precisely controlled, and adjusted for the individual cardiac and arterial rhythm of the patient.

Figure 2.



In Figure 3 (on facing page) the various control elements of the Syncardon are represented schematically. (1) is a controllable amplifier which takes the current from the Electrodes E and converts the R-peak of the ECG into an electrical trigger-pulse of short duration (Fig. 2, wave form (1) and (3)).

(2) is a controllable delay-device which delays the trigger-pulse a number of 0.01 seconds after the R-peak. (Fig. 2, wave form 4.)

(3) is a controllable pulse-stretcher which converts the delayed but short pulse into a more or less long pulse (Fig. 2, wave form 5). The duration of this wave corresponds to the pneumatic com-

pression time of the cuff. This pressure duration is regulated according to the beats per minute of the patient's pulse.

(4) is a group for generating compressed air. It consists of a motor-driven air compressor MK and an air tank, W, and a tube for distribution of the compressed air with electromagnetic control valve VE for filling and emptying the treatment cuffs. (Fig. 2, wave form 6.)

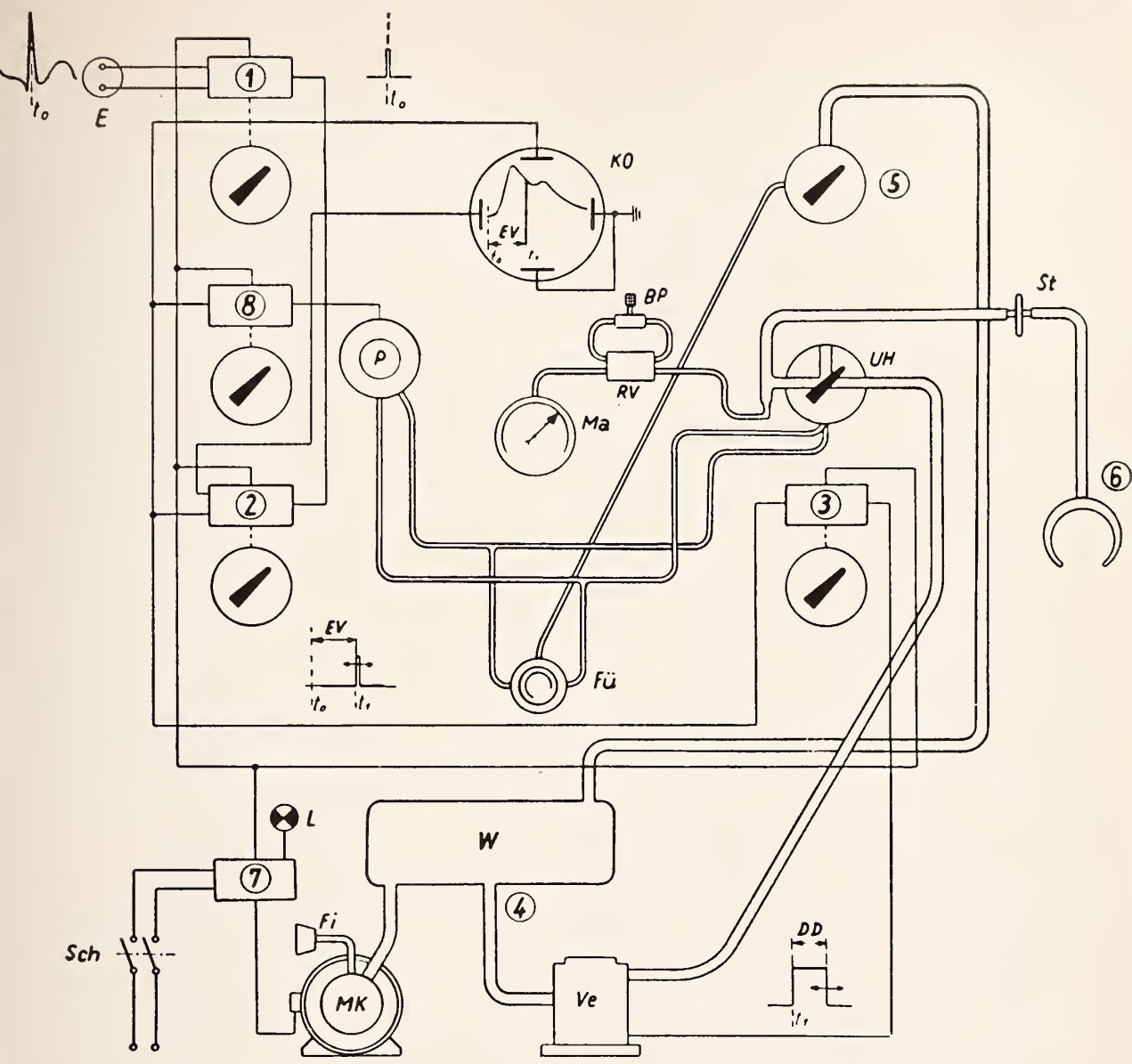
(5) is a pressure regulator for adjusting the degree of pressure read on the manometer Ma which is the pressure exerted on the part under treatment.

(6) represents suitably formed cuffs to be applied to the patient.

(7) is a power supply for the generation of different stabilized voltages supplying the electronic elements.

(8) is a controllable pulse wave amplifier which regulates the image of the pulse wave which can be observed in the cathode-ray tube KO. Fig. 2, wave form (7) represents the pulse wave as seen in the long persistence screen of the cathode-ray tube and a vertical marker corresponding to the delayed trigger-impulse.

Figure 3.



CASE REPORTS

Case 1. White male, age 48, diabetes mellitus. This patient is a tall, well-built businessman who enjoys eating and entertaining his friends. He was first seen on August 20, 1955 when his presenting complaint was early gangrene of the right great toe. His diabetic condition was discovered about four years ago when he weighed 289 lbs. His weight was reduced to 184 lbs., he was placed on insulin, NPH 45 units before breakfast, and since then his health has been good except for occasional bouts with gangrene of his right great toe which would appear whenever the care of his diabetes became lax.

At the time of examination his 11:00 a.m. blood sugar was 149.6 mg. per 100 cc. His blood pressure was 140/80. X-ray films of the legs

and feet did not show any evidence of abnormality. There was no evidence of calcium in the vessels of the extremities. Oscillometer readings with the cuff on the calf of the legs showed normal oscillation in the left leg, mild reduction of oscillation in the right leg. The dorsalis pedis artery was easily palpable in each foot.

This patient was started on Syncardon treatment with the cuffs placed on the lower part of the legs just above the ankles. Two treatments were given daily, one in the morning and another in the afternoon. The treatment pressure was begun at 35 mm. Hg. on the first day, increased to 40 mm. Hg. the second day and increased to 45 mm. Hg. on the fourth day. This was the highest pressure used. The pulse wave travel time was found to be equal in each leg,

so that both legs were treated simultaneously. The treatments were timed to 30 minutes.

In the first seven days the patient took seven treatments. At this stage he noticed evidence of healing in his right great toe. Ten days after beginning treatment the evidence of gangrene had almost completely disappeared. There was a distinct return of feeling in the toe and the color was near normal. Improvement continued and 15 days after the beginning of treatment we noticed that the texture of the skin was more normal and life-like. Walking was much easier and he noticed that his right leg did not tire out like it formerly did. At this time he "walked all over town" as he expressed it, tending to business errands. He found that he did not need to stop and rest his right leg by window shopping, as had been his custom. We concluded from these comments that he had experienced mild intermittent claudication which had been relieved by a total of 17 Syncardon treatments.

Five months have passed since the end of treatment and he has had no return of his complaints. He was a diabetic who had been under poor control and had developed atherosclerosis which had resulted in mild gangrene of the right great toe. His condition responded to this treatment rapidly probably because he was still young and his vascular system was elastic and without the advanced changes of arteriosclerosis.

Case 2. White male, age 70, diabetes mellitus. This patient has had diabetes for years but it was first discovered about 16 years ago. His left leg was amputated in the mid-thigh region on November 1, 1941. He was 56 years old at the time. The cause of the amputation was diabetic arteriosclerosis. In December, 1949, at the age of 64, he had the first, second and third toes of the right foot amputated because of the same pathological process. We concluded from his story that this amputation healed normally.

He was referred to us because his physician anticipated that the right leg would have to be amputated also at some time in the not too distant future. In the last few months he had noticed that his leg was not as strong as it had been. The right foot and lower leg were numb and cold. The skin was mottled and pale. When the leg was elevated slightly there was a marked cadaveric appearance to the part. The gastrocnemius muscle was atrophic and the leg was not much larger at the calf than at the ankle. We

could not palpate any pulsations in the dorsalis pedis artery. There was no movement of the needle of the oscillometer with the cuff on the calf. X-ray films of the leg and foot did not show any calcium deposits in the arteries.

Treatment on the Syncardon was begun on December 20, 1955. The patient received one treatment daily of 30 minutes duration on the right leg with the cuff placed above the ankle. After 12 treatments the patient stated that his leg felt normal again except for some numbness of the bottom of the foot. The appearance and texture of the skin gradually returned to normal. After a few treatments he noticed an increased warmth in his leg and foot which continued to increase. The benefits of treatment have persisted. To date the patient has had 24 treatments. We plan to give him one or two treatments per week from now on and we feel certain that if we are permitted to do that he will never find it necessary to submit to amputation of his one remaining leg. We believe that we prevented an amputation in this case by instituting Syncardon treatment. To date the dorsalis pedis artery has not become palpable and we can find no excursion of the needle of the oscillometer. We believe this case is an illustration of advanced arteriosclerosis of diabetic origin. The effects of this sclerosis have been relieved by the opening up and stretching of many small arteries and arterioles of the collateral circulation. It remains to be seen whether this method of treatment will produce any change in the large sclerosed arteries of the leg. But our patient is not interested particularly whether his dorsalis pedis artery becomes palpable or not. He is looking forward to riding his tractor again this summer, cultivating his crops. With the help of his boys and two powerful arms he is able to get into the seat, and after that he can steer, shift gears, and work the clutch and brake with his one foot which he is certain is almost well again.

Case 3. White male, age 57. In contrast to the first two cases, this patient was not diabetic. There was nothing important in his past medical history except a bout with alcoholism which he overcame with determination and the help of a good woman who became his wife. At one time he smoked cigarettes excessively.

He dates the onset of his complaint, intermittent claudication and leg cramps, to February,

1955. At first the pain of claudication could be relieved with rest and rubbing his legs. His feet were always cold, even during the past summer, which set a record for high temperatures. His condition grew steadily worse. In July of 1955 his leg cramps were so severe at night that he could not sleep in bed. For about one month before coming to see us he had done all of his sleeping in a chair with his legs stretched out straight. After obtaining medical consultation he was told that he had arteriosclerosis and was advised to have a sympathectomy. Because the physician would not assure him of sufficient relief from his complaint, he decided against surgery until something else had been tried. A short time later he learned about syncardial treatment and presented his case to us.

The patient was a well-built white male who appeared to be in good health but showed signs of fatigue due to his inability to sleep without pain. He was able to walk about 200 feet if he walked slowly; if he hurried he could not walk that far. His feet and legs were cold and cadaveric. No pulsation could be found in the dorsalis pedis artery. The oscillometer indicated no pulsation whatever in the arteries of the lower legs.

His blood pressure was 130/80. Blood sugar drawn at 11:30 a.m. showed 112.6 mg. per 100 cc. X-ray examination of the legs and feet revealed calcium densities in the arteries of the anterior tibial and the peroneal.

Treatment was begun on Saturday, August 20, 1955. After the treatment the patient returned to his home in Louisville, Kentucky. On Sunday, August 21, the International Harvester Plant where he worked went on strike. Being a plant superintendent it was his job to get his department ready for a prolonged shutdown. He worked all day Sunday getting windows closed, power shut off, and machines covered and it was about 2:00 a.m. before he got to bed on Monday morning. When he retired his wife commented that something had changed. "For the first time in seven months your feet are warm," she said.

It was difficult for us to accept this evidence of beginning improvement in this patient after only one treatment. But subsequent events proved this to be correct. On August 25, five days after the beginning of treatment, the patient having had five treatments in that time, he was able to sleep all night without experiencing any of the pain and leg cramps which had prevented his

resting in bed at all for one month before beginning treatment. The capacity of his legs to continue walking without pain increased rapidly. Ten days after beginning treatment and having had 17 treatments, he was able to walk about 600 feet before leg cramps began. Four weeks after beginning treatment and after having had 34 treatments he was free of pain, he could walk three blocks without discomfort and he could rest his legs in another chair while seated. This he could not do before. In this position his feet were warm and the veins stood out in a normal manner. The general appearance of his feet and legs had improved and as he expressed it "they don't look dead any more."

This patient has continued to take treatment on the Syncardon two days per week. The benefit has been so marked that he refuses to stop treatment. He is without pain or cramps of any kind. His feet and legs are warm and they appear normal in every way. The oscillometer has not shown any pulsation in the arteries of either leg at this time after seven months and 129 treatments. We will continue to give him treatment to determine if there is a return of pulsation in his large peripheral arteries. He has decided not to have a sympathectomy. During the period of treatment on the Syncardon he has had no other type of treatment. He does a full day's work and walks as much as is required of him without any return of claudication. We believe we have prevented one or maybe two amputations in this case of advanced arteriosclerosis.

Case 4. White male, age 84. This patient was first seen on October 2, 1955. He complained of stiffness of the legs and pain in his knees.

In February, 1953, he sustained a fracture of the right hip. An attempt was made to pin this fracture but it was unsuccessful and he was operated again in October, 1953. The second operation was successful and he made a fair recovery. When he came to us he was able to walk with the help of two canes.

He was quite old in many ways, but he was mentally alert and wanted to do everything possible to improve his physical condition. The right leg was about 1½ inches shorter than the left. Both legs and ankles were edematous, the right more than the left. We decided to try syncardial treatment to see what could be done for the post-traumatic and post-operative edema.

During the first series of treatments he stayed

with us 7 days and received 13 treatments. He improved steadily and at the end of his week of treatment he was greatly relieved of the stiffness and general painful condition of his legs. The edema disappeared and he could walk much better.

At the end of October he visited his physician for his regular monthly checkup and his physician noticed the general improvement in his condition. He recommended that he return for more treatment and he stayed with us from October 31 to November 15, receiving another 30 treatments. The condition of his legs continued to improve and he was very emphatic in describing the subjective relief of pain which he received. This man of 84 was our oldest patient so far and we were gratified that we could help a patient of this advanced age.

Case 5. White male, age 58. Diabetes mellitus. This patient has been a known diabetic for 12 years. He had refused insulin until March 17, 1955, when he was stabilized on 16 units of regular and 20 protamine.

He came to us because of an ulcer of the left great toe, numbness, coldness and aching of the feet and legs, and intermittent claudication. We first saw this patient September 15, 1955. At that time he had an ulcer about 2 cm. long on the medial surface of the left great toe. The ulcer was covered with a thick crust and a purulent drainage exuded from its margin from time to time. The left foot was red and swollen and quickly became cyanotic when placed on the floor.

The femoral arteries were easily palpated and appeared to pulsate normally. The popliteal arteries were also palpable; the right pulsated more strongly than the left. No pulsation could be found in the dorsalis pedis arteries in either the right or the left. Oscillometer readings with the cuff on the calf showed on the right leg 4 units at 140 mm. Hg., 3 units at 120 mm. Hg., 3 units at 100 mm., 2 units at 90 mm., and 2 units at 80 mm. With the cuff on the left calf only 0.5 units of oscillation could be found at any pressure from 140 mm. down to 80 mm. We concluded that the patient was suffering from marked peripheral arteriosclerosis of the legs and feet complicated by gangrene of the left great toe.

We began treatment on September 16. On that night he did not need to take aspirin for the pain as had been his usual custom. The inflammatory edema diminished rapidly and his feet and legs

improved progressively. But after two weeks of treatment a stage was reached which appeared to be without any further improvement. Daily injections of procaine penicillin 400,000 units with dihydrostreptomycin 0.5 gm. were given for 10 days. There was no apparent benefit from these antibiotics.

On November 6 when the patient went home on a week-end he allowed a chiropodist to remove a portion of the left great toe nail. This was done without anesthesia but the infection and gangrene of the toe became worse. We continued treatment to December 2, 1955. The patient had 127 treatments. He is able to walk about and his feet are warm, but the ulcerated area on the left toe did not heal completely. Although he received some benefit from syncardial treatment, this case was the most difficult one that we treated and we feel that perhaps it was the least successful.

SUMMARY AND CONCLUSIONS

Peripheral vascular disease is primarily a problem of advancing age. The physiological and pathological aspects of this problem have been discussed. A new machine, the Syncardon, invented by Dr. Maurice Fuchs of the University of Berne, Switzerland, is illustrated and described. The working principle of this machine consists in picking up the ECG from the patient, amplifying the R-wave into an electrical impulse strong enough to trigger the cycle of the machine, shifting this impulse in time and duration to correspond to the patient's individual pulse wave travel time and heart rate, so that pneumatic impulses are sent to pressure cuffs on the patient's extremities to reinforce his pulse wave at the exact instant it reaches the site of treatment, thus dilating and nourishing the vessels in that region. The cardinal theory of syncardial treatment is that blood vessels can be stretched and if they are stretched rhythmically and systematically over a period of weeks or months they can be converted permanently into vessels of larger caliber. The Syncardon works principally on the many small vessels which are still capable of being stretched, thus improving the blood supply through an increase in the collateral circulation.

The therapeutic applications of this machine are described through the presentation of five case histories of patients whom we have treated. Three of these cases were diabetic, two were not.

When it becomes clear that one is now able to improve the blood supply to sclerotic extremities and to reverse the damaging effects of arteriosclerosis, to prevent the amputation of legs because of diabetic and arteriosclerotic gangrene, to relieve intermittent claudication, and to speed up the removal of post-traumatic and post-operative edema and vascular stasis, then the value of this method of treatment to our aging population will be obvious. The application of this method of treatment to other pathological problems in which the circulation is involved has received a great deal of attention in Europe. It

is the intention of the author to report on this work at a later date.

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FIRST THINGS FIRST

Following is an excerpt from the remarks of Gen. Robert Cutler, toastmaster, at the "Salute to Medical Education" dinner honoring Dr. Abraham Flexner in New York, April 23.

"Most of America's medical schools, and their affiliated teaching hospitals, are today in serious financial difficulties. They are caught in a 'big squeeze'—a big squeeze between the upper millstone of collectible charges and receipts and the nether millstone of skyrocketing costs for teaching, research, and medical care. We face this fact when we face the need of increasing in the future the national output of doctors. In so critical an issue, we must take the right turning in the road. There must be money, in time to construct new and enlarged physical facilities. But there must be something beyond more bricks and more mortar. The exhausted horse can't be made to run faster by doubling his load. The goose won't lay more golden eggs just because we give her a bigger nest.

"That is precisely why the National Fund for Medical Education is the best of causes. It seeks to put first things first. And the first thing to do in American medical education is to fortify, to strengthen, and to sustain our existing teaching institutions, schools and affiliated hospitals alike, so that they may effectively carry on the functions they now seek to perform. To do this job the Schools should have at least \$10 million each year of additional hard money income. This is but a small fraction of the \$450 million annually given to Community Chests, the Red Cross, and the national health agencies, the operations of which have a basic dependence on the nation's Medical Schools."

Habitual Manipulations In Acne Vulgaris

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*I*NTEREST IN THIS SUBJECT was kindled by a couple about to be married. The girl had a patch of scleroderma on the face in front of the left ear. The pathology was a surprise since the lesion proved to be a morphea-like basal cell epithelioma. The extent of excision was determined by peripheral biopsies, and the defect was covered with a thick split-thickness skin graft taken from the left arm. Healing was satisfactory, and for a period of one year, the cosmetic result became steadily better. For no apparent reason, the patient started to feel the

sites, and soon itching and burning were noticed. Unconsciously, the areas were kneaded with the fingers. She thought she might even be doing this in her sleep.

Habitual manipulation changed a good surgical result into disfiguring keloidal tumors, Figure 1-A. and B. She wondered about the appropriateness and success of the operation, believing that the original tumor had recurred. A marriage of 8 months had this interesting relationship. The husband had an eruption affecting the sides of the neck of 3 years duration which he



claimed physicians had been unable to cure. Examination disclosed cysts, nodules and comedones separated by variously-sized pits and oval-shaped scars, Figure 1-C. The onset was associated with a job that bored him. The manipulation was a combination of squeezing and rolling, Figure 1-D. It was done unconsciously and proved to be his chief pastime. Dictating letters called forth the most vigorous action. His recent bride pleaded with him to stop the horrible habit. He tried, but could not, and said it was like giving up tobacco. She commented, "I guess I just fell into the habit myself from seeing him do it so much."

COMEDONES FROM HABITUAL MANIPULATIONS

The resemblance of the eruption to acne vulgaris was so real that it seemed important to study the scope of manipulative practices in this condition. A basic aspect would be to know if habitual manipulation would cause comedone development. The evidence found will be presented by reports of cases.

Comedones from Rubbing. Case 1, a white male aged 53, presented closely-packed comedones affecting the eyelids, especially the lower ones, Figure 2-A. They had been present 5 or 6 years. All likely etiologies were reviewed with him, and a parting thought was given to grease since he owned a distributorship for tractors. Almost a year later, a letter was sent to him asking information on any habits of rubbing the eyelids. He replied that he had the mannerism, and that the blackheads appeared about the time he noted trouble with his eyes smarting. For a long

time, he thought it was due to the exhaust fumes, but finally he obtained glasses. The smarting stopped and gradually the comedones disappeared. He thought wearing the glasses prevented him from rubbing the eyelids.

Comedones from Light Stroking. Case 2, a white male aged 22, an accountant, was seen for a patch of lichenified dermatitis affecting the right lateral ankle. This had been present for 2 years. During the interview, it was noted that over the right neck region was a patch of comedones, Figure 2-B. He denied rubbing the area, and on the second visit, he related that his wife had not noticed him touching the site. On the third visit, he reported that while working at his desk, and especially when figuring, he would unknowingly lightly stroke it. He originally thought that it was done with the thumb as shown in Figure 2-B., but he corrected this. The index finger was pivoted over the cheek allowing the tip of the thumb to lightly stroke the area.

Comedones from Squeezing the Skin. Case 3, a white male aged 24, was seen for a rhus dermatitis. He had a quarter-sized patch of comedones on the left side of the nose, Figure 2-C. They had been present for one year, and the onset coincided with getting married. His bride spotted a pimple in this area, immediately squeezed it, and forthwith noted more so she kept on squeezing. Centrally, the site showed atrophy, loss of pigment, minute nodulations and scattered comedones. The periphery was made up of a halo of closely-set comedones.

Comedones from Resting Fingers on Face. Case 4 is a white girl aged 14, a freshman in high school. Beginning about one year ago, she no-

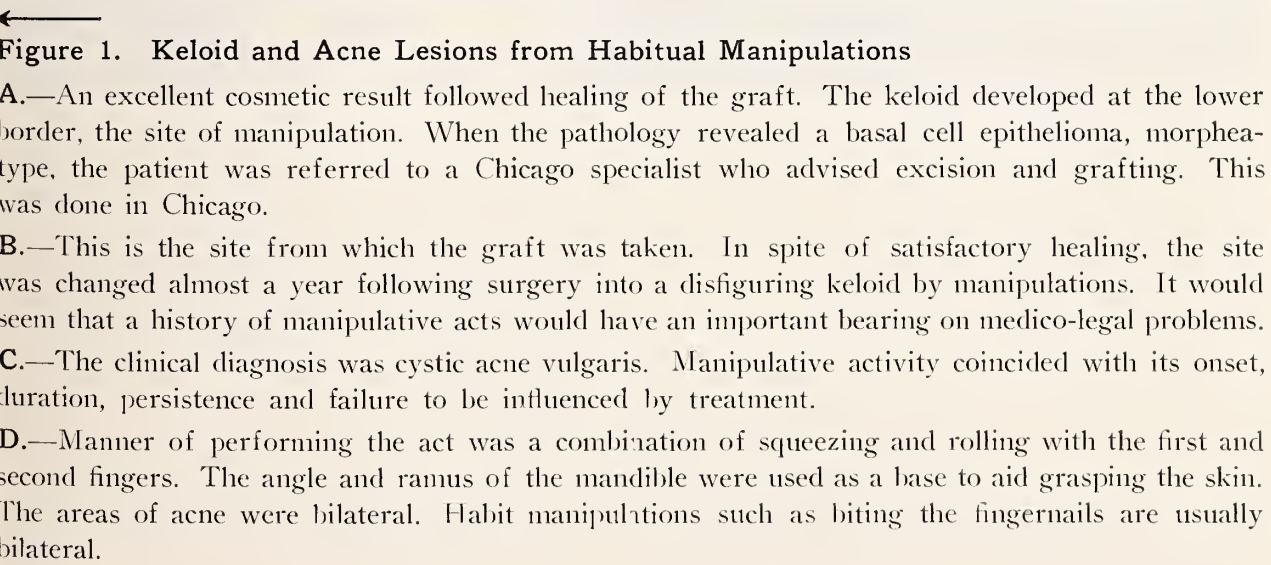




Figure 2. Comedones from Habitual Manipulations

(Reading from left to right)

A.—Comedones from rubbing.

B.—Comedones from light stroking.

C.—Comedones from squeezing.

D.—Comedones from tapping and rubbing.

E.—Comedones from pressure and rubbing.

F.—Position of hand producing comedone pattern in E.

ticed a few comedones appearing over the glabellar region which were associated with concern about the contour of the eyebrows. There was also a spot of comedones occupying the right

medial third of the upper lip. While talking to her, she repeatedly brought the right index finger to the upper lip, Figure 2-D., or if this was not done, the nails of the left first and second fingers

lightly slid over the glabellar region. Her sister had a cystic acne in which there had been habitual manipulation, and the same was true for an older brother. The sisters were certain their habits were acquired from the brother.

Comedones from Resting Head on Hands. Case 5, white boy aged 14, was seen in the late spring for an acne composed principally of comedones affecting the side of the face, Figure 2-E. He had the habit of supporting his face with his hands when studying in school, Figure 2-F. When so engaged, he would lightly tap the temples with his fingertips. Within a few weeks after school let out for the summer, the comedones disappeared. There was a recurrence when school opened in the fall. This is an example where a moist surface, like the palm and fingertip, would lead to excessive hydration as well as pressure. The facial skin responded by a marked redness from the pressure and friction.

Comedones from Pressure. Case 6 is a white male aged 22, who has had a cystic acne for 8 years. Over the mandibular regions and adjacent areas of the neck were many, deep-seated cysts. Throughout this area were scattered comedones and extensive scarring composed of pits and irregularly-oval or rectangular depressions. A striking finding was patches of comedones affecting the skin over the lateral aspect of both orbits. The reason for the presence of comedones in this area had no explanation until it was learned that this boy was a devout reader of Science Fiction. After reading for a while, he would notice a slight smarting of his eyes. To relieve this, he would exert pressure with the first, second and third fingers on the orbital skin which was completed by a lateral stroking motion. The cooperation of his mother was obtained to determine the number of times an hour he would do this. It occurred between 20 and 30 times. This boy stated that he would average 2 to 3 hours a night during the week reading, and on Saturday and Sunday, it was common for him to read 8 to 10 hours. On this basis, it would mean that the orbital skin was lightly stroked 40 to 60 times a day during the week and 200 to 300 times a day over the week-end. The family history revealed that 2 older sisters had similar localizations of comedones. They, too, were devout readers and had the same mannerism. One of his sisters was examined, and patches of comedones were seen to involve the skin in the same areas. The patient

was fairly certain that he had acquired the habit from his oldest sister. A niece, too, was affected with a cystic acne.

CYSTIC COMEDONES FROM HABITUAL MANIPULATIONS

Cystic comedones make up a fair proportion of acne lesions. They are seen as whitish or yellowish tinged bodies resting in the skin. They are round or ovoid and measure one or more millimeters in diameter. Sometimes, they have a disk-like shape. When pierced, a sebaceous material escapes, occasionally quite odoriferous. When patients talk about an odor behind their ears, they usually have these cysts, and pressure upon them contaminates their fingers.

Cystic Comedones from Pressure. Case 1 is a white male aged 29. He is employed by an engineering firm as a bookkeeper. This work demands considerable use of the pencil, and he has the habit of supporting the head by resting the tips of the first, second and third fingers on the forehead. The position is shown in Figure 3-A. The skin in the 2 areas of pressure showed lichenification at the point of greatest friction, and around these sites were myriads of tiny cysts. When deep in thought, the fingertips would travel over and around the areas of lichenification.

Cystic Comedones from Rubbing. Case 2 is a white female aged 35. The right cheek was spotted with hundreds of white cysts, 1 to 3 millimeters in diameter. In the center was a soft fibroma. She had the habit of grasping it as shown in Figure 3-B., followed by a rolling and rubbing motion using the side of the second finger and the back of the first finger.

Cystic Comedones from Pulling. Case 3, a white male aged 44, presented severe sequelae from acne vulgaris. Cysts affecting the lobe of the right ear are shown in Figure 3-C. This individual had the habit of pulling this ear and rolling any cysts felt between the fingers until one or several of them would rupture. Severe unilateral scarring from picking, rubbing and squeezing cysts over many years is evident. This person also had the habit of wetting the tips of the second and third fingers with his tongue when turning his body. As he turned to the right, the right fingers were wetted; and on turning left, the left ones were wetted. He volunteered the information that while in college the

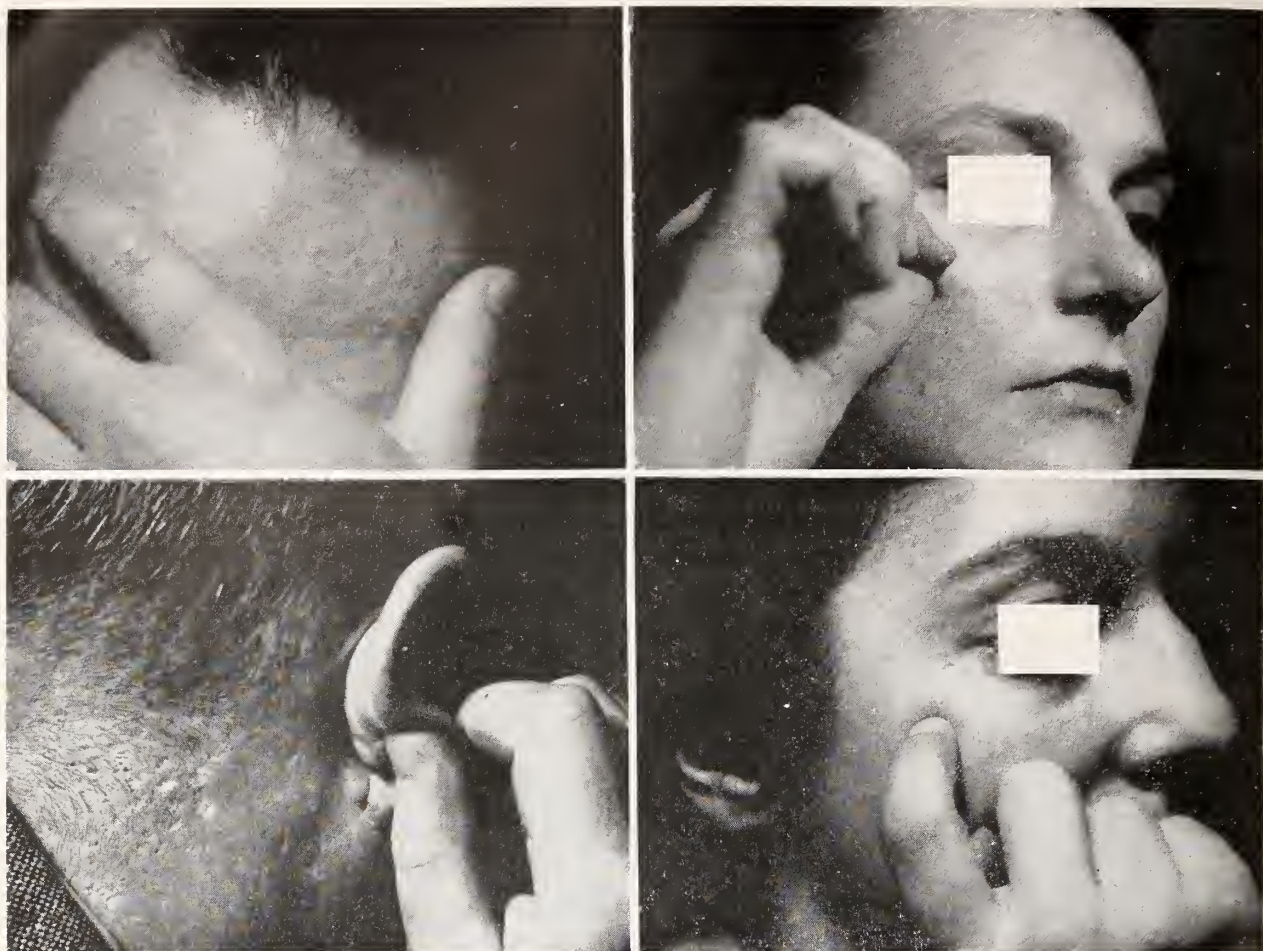


Figure 3. Cystic Comedones from Habitual Manipulations

- A.—Cystic comedones from pressure.
- B.—Cystic comedones from rubbing.
- C.—Cystic comedones from pulling.
- D.—Cystic comedones from tapping.

acne problem almost disappeared. He was warned by the coaches that if he continued wetting his fingertips and letting the opposing teams know the direction of movements, he would be removed from the team.

Cystic Comedones from Tapping. Case 4 is a white female aged 26, who desired treatment for lesions affecting the right upper cheek and adjacent temple region. She was employed as a secretary, and a good part of the day was spent answering the telephone. While holding the receiver to the left ear, she would tap the area of skin shown in Figure 3-D. She knew the cysts appeared after she took her present position, but was not sure when the tapping habit was acquired.

COMMENTS: Instances of comedones and cystic comedone formation from habit manipulation have proved to be common. They may be

unilateral or bilateral. Only an ear lobe may be involved, one side of the face, or the entire face, chest and back. The acts have their origin from many factors. They can range from an insect bite to roentgen therapy of a facial epithelioma (carcinoma). Copying of habits is more contributory than generally believed. Feeling to see if some trivial trauma is healing is another major factor. Cutaneous sites like the palms and soles are rich in sweat glands, and these areas respond to friction by callous formation. An analogy may be comedone formation when areas rich in pilosebaceous units are subjected to friction. A hypothesis quite intriguing is the known effect of stirring dairy cream to whipped cream or butter: it may be that sebum may also change its color and consistency when repeatedly kneaded by the fingers or other sources of irritation. Another factor deserving mention is the presence of

bundles of smooth muscles as part of the pilosebaceous units. Mechanical as well as temperature stimuli affect their contractibility. The well-known goose pimples provide, in addition, innumerable points for excoriation. This biological response enforces the position of those who declare it to be bad manners to fondle the face.

**PATHOLOGY OF MANIPULATIVE
COMEDONES**

This case, a white male aged 49, was seen for a dermatitis affecting the corona of the penis. During the examination, it was noticed that the lateral and inferior orbital regions of the face showed a slight wrinkling and redundancy of the skin. While talking, the patient pressed and rubbed these areas with the heels of the palms. The skin surface revealed a fine scale meshing over the wrinkles. Throughout the area were myriads of cystic comedones and between these were closely-packed comedones. A biopsy was performed with a 2 millimeter punch. Fifteen serial sections were examined, Figure 4.

SUMMARY

The effect of mild rubbing was studied by Rubin¹ who obtained thickening of the horny layer by 10-71 per cent after rubbing one spot on the thigh with moderate pressure for 10 minutes daily for 30 days. Rothman² states that in these reactions the prickle cell layer is not thickened. The reaction is not connected with increased epithelial proliferation, but is based solely on a decreased shedding tendency. He assumed that the rubbing stimuli induced a more complete keratinization. If there is a decrease in the ability of the epidermal horny layer to shed, this indicates that it has become more like hard keratins. Rothman proposed the term "superkeratinization" which can be defined as a reaction of the epidermis to form more adherent and more keratinized horny lamellae than normal. Ormsby and Montgomery³ in describing the pathology of the comedone mention that it is induced by hyperkeratosis occurring about the neck of the follicle causing retention of the fatty material which should ordinarily be thrown off. Lynch⁴ studied 30 early acne lesions and noted follicular plugs of sebum with the formation of hyperkeratotic scale. He believes that persistence of the comedone results in atrophy and fragmentations of the glandular appendages. There is good basis for believing that habit manipulations can

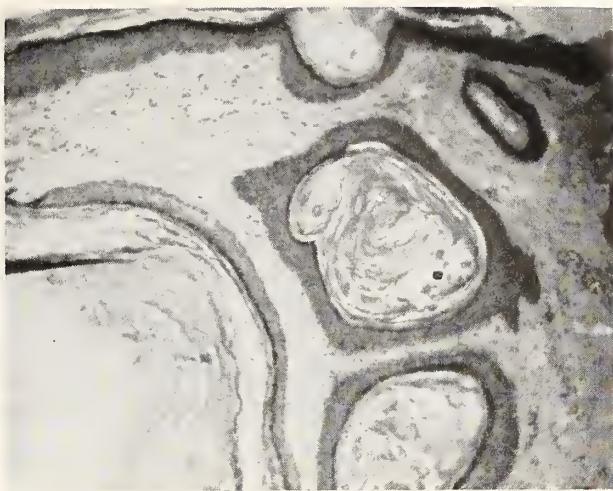


Figure 4. Pathology of Comedone from Habitual Manipulation

Epidermis: There was no acanthosis. The granular layer was present, distinct but not increased. The palisade layer was intact. A marked hyperkeratosis was present, and this was seen to dip down into the pilosebaceous units.

Cutis: The chief landmark was the large follicle filled with densely laminated horny material. The walls of the follicles appeared stretched almost to the bursting point. Throughout the cutis were cystic spaces of all sizes and shapes. They almost filled the cutis. The connective tissue appeared denser with a suggestion of homogenization. The vessels were dilated and about them was a moderate small round and wandering connective tissue cell infiltration. A moderate edema was present.

produce epidermal hyperkeratosis with resulting closure of the pilosebaceous orifices, leading to comedone and cystic comedone formation, follicular distention and rupture with final pressure atrophy of the glandular units.

**HABITUAL MANIPULATIONS
FOUND IN ACNE VULGARIS**

A group of 96 patients with acne in all its various stages of activity was studied for manipulative habits. Sisters, brothers, parents and relatives were asked to look for and count mannerisms. A physician sees the patient but a few moments. The aid of school teachers and coaches was solicited to broaden the scope of the survey. Nurses and aids cooperated in watching patients who had an incidental acne. Treatment rooms, the waiting room and appointment desk were found to be ideal spots to discover manipulations. All patients were asked to keep a diary



Figure 5. Position of Fingernails for Excoriating

This boy, aged 19, was seen for a pityriasis rosea, and during the interview the papular and comedone acne affecting the forehead was noticed. It was more severe over the right aspect of the forehead, and this was the area in which he was continually pushing back his hair with his hand. During the second visit, he was seen in the treatment room excoriating. A photograph was taken. Notice the way in which the tips of the fingers guide the nails. If the fingertips encounter any projections, the nails assume an angle to remove them.

of their findings. Public gatherings and medical meetings permitted a broad insight into the art. At a recent medical meeting, a physician about 30 years old was sitting in front of me. The back of his neck was dotted with comedones and numerous pits. His habits were recorded for 30 minutes. Twenty-one times one of the hands, usually the right, fondled, rubbed and lightly excoriated the face. A total of 7 times the lesions on the back of the neck were palpated with the fingertips, excoriated with the nails, and then gently patted. Each hand carried out the act the same number of times. Once, the left ear concha was reamed and rubbed with unrelenting fury.

1.—*Fondling, Rubbing and Excoriating Done Publicly.* Every patient freely admitted these habits. The acts were usually seen during the first visit. There is a tendency to perform them over bony areas, probably due to the underlying resistance. They are skilled acts, and are executed with remarkable grace and ease. The skill of the movements are diagnostic of habituation. The acts are done unconsciously—while waiting, talking, thinking, reading, studying, figuring or just doing nothing. The movies, church and

classrooms, or in fact any public gathering, are favorite places to carry them out. When patients were asked about television, the reply was always the same, "I do it all the time." This new kind of entertainment is proving a boon for manipulators. The semi-darkness is also ideal for picking. Most of the diaries closed with the comment, "I catch myself at it whenever my hands are not doing something." Knitting and crocheting need fostering, and greatly needed is a gadget to absorb the activity of restless fingers. The face is the principal area for manipulative acts, with the back of the neck and shoulders second, the chest third and the anogenital region last. No other area of skin is bothered by the hands as much as the face. Colored patients indulge as much as whites. Pattern manipulations are also seen. It is common to see patients adopt an attitude of resting the face on the hand with the fingers outlining pressure areas on the face. Various configurations have been seen. To some adolescents, the position of the fingers transmits a thought or message. If there exists a unilateral and unusual localization of comedones, a particular mannerism might explain the finding. Six cases were in this category, and presented varying degrees of scarring.

Fondling. This is the most common public act. Usually, the second finger, right or left, guides the movement over the skin. Only the fingertips are used. The progress is a combination of delicate tapping with a to and fro movement. Every bit of skin surface is dutifully and minutely palpated. If nothing is felt, the fingers move on.

Rubbing. This is next in frequency. It is done with the tips of the fingers, and the movement combines a circular motion with a horizontal one. Some patients use the flexor surfaces of the fingers; others the palms, and some use the entire hand. A considerable amount of pressure is used. A white boy aged 14 was waiting for a prescription. A parting reminder asked him not to rub. He replied quickly, "Doctor, I never touch my face." While this was being said, his left hand vigorously rubbed the forehead and nose until they glowed a bright red. He was unaware of performing the act.

Excoriating. This is accomplished with the free margin or sides of the fingernail. One or several nails are used. They glide lightly over the skin in search of any excrescence, comedone, papule or epithelial tag. The pressure used is

just sufficient to dislodge any obstruction. This act institutes the first degree of skin trauma, Figure 5.

Effect on the Skin of Fondling, Rubbing and Excoriating. Usually, the hands of the acne patient almost drip psychic sweat⁵, and it is this wet epithelial mantle that performs the manipulation. Certainly, abnormal moistening or wetting must result. Intensive vascular reactions accompany the acts. All stages of the triple response play upon the skin.* Sometimes, the redness can be seen across the room. A blotch seen in the treatment room may mean cessation of the act as the physician enters. The final outcome of manipulating the skin is thickening, coarsening and roughening. Minute hills and valleys criss-cross one another, reminiscent of what is seen in lichenification. Every pilosebaceous orifice becomes a tiny crater. A minute, lumpy wrinkling greets the examiner's eye. These acts induce in the skin the lesions for the next habituation.

2.—*Picking.* Again, every patient indulged in this practice. It is a semi-public undertaking. When mentioned, it was common for the parent to chime in, "Doctor, you ought to see him. It is disgusting and is all he does." While fondling or rubbing if a resistance is met, the nail assumes a gouging angle. If this does not dislodge the object, the nails of the first and second, or first and third, take a clamshell shape and tear out the resistance. What it might be is unimportant. Usually, it is given a quick glance, perhaps checked for any odor, and then snapped out of sight so the act can start again. Picking is far more resourceful and skillful than fondling, and it is likely that the latter is training for the former. It, too, is done unconsciously. Some of the more frank pickers have stated that when they get ready for an evening of reading or television, they have a towel at hand to remove from their fingers the debris collected from the face, chest and back.

Effect of Picking on the Skin. It is the major deterrent to all attempts at normal healing. It is like molesting an incised wound by continuously removing from it serum, fibroblasts and regenerative epithelium. This is the act that induces scarring and changes in pigmentation. It prepares for the next assault.

*There is a marked difference to stroke reaction over acne areas compared to the forearms. A study of these is now in progress.

3.—*Squeezing — Secretive and Mirror Practices.* This habituation begins innocently. A single comedone, or what was thought to be one, was spotted in the mirror. It was removed with the fingernails, or dug out with a needle sterilized by home methods. The resulting injury paved the way for more acne lesions. Maybe, the parent saw the blackhead and started action. Three patients were squeezed by physicians. One boy denied ever touching his skin. The parents denied it. Three teachers out of 5, whose classes he was in, reported a continuous pinching movement while he studied or recited. The back was worked on as easily as the face or chest. Every patient spent considerable time working on the face before going to bed. Half the patients—these were the older ones—spent an hour or longer before the bathroom mirror. Squeezing had become a mania of diabolical proportions. Looking into a mirror prompts a facial expression to bring areas to be squeezed into focus. There was such an urgency that some used mirrors in public restrooms. Ten patients mentioned using the rear view mirror of the family car. One girl averaged 3 hours per night. One waited until her husband and child were asleep so that she could work in the bathroom without being interrupted. While performing the act, time seemed to vanish. Two, three or four hours would be spent before she realized it. She could never go any place without first carrying out some facial manipulations. A father had squeezed his face for 25 years. Deep, round and oval pits, some with communicating epithelial channels, were the final results. The chin looked like a piece of medium rare hamburger. He demonstrated his squeezing skill by hitting a piece of paper held a foot away. It seemed as if several sebaceous glands in their entirety were extruded by the act. If the fondlers happen to find a "big one," they rush to the mirror to perform the act. Manipulation of the skin on the back might be thought difficult until these patients are asked to touch their back, or are seen feeling for lesions. Either hand moves with a skillful sweep over or under the shoulders to any area of the back.

The instruments used were usually the fingernails, but many preferred needles or pins. Girls liked to use bobby pins. Squeezing is done by various kinds of finger movements: (1) The sides of the second fingers, (2) the tips of the second fingers held horizontally, (3) by pulling the skin until its tautness frees the comedone.



Figure 6. Mirror Picture of Squeezing

This is the most destructive of all cutaneous manipulations. Seeing the act performed proves disturbing. Why is it done? The patient describes the good it does. Comedones must be dislodged at all cost. When the patient is interrogated further, a shocking situation comes to light. They cannot differentiate a scarred condition from the appearance of a normal skin. They shrug off the final result as only a bad acne which would not respond to treatment. Pity is sought for a disfigurement due more to knowing what not to do. Manipulations are known to produce almost unbelievable structural alterations of body organs. Who has not seen the deformed fingers in the nail biter, especially in adults, a geometrical loss of hair from constant pulling, a thickened patch in the mouth from biting, or dental changes from sucking the thumb. Cutaneous manipulations also produce remarkable structural deformities. A severely scarred acne as likely as not points to a mirror fiend.

The mania is such that they seem to be oblivious to pain. Palpation is used to discover areas to be squeezed, or various contortions bring areas of the back into view. Some resort to a system of mirrors. Fifteen patients brought in an assortment of gadgets of various shapes and designs to force blackhead extraction. Five boys had purchased a pumping mechanism that was guaranteed to painlessly suck out comedones regardless of their depth. Eight patients had a mother or father who squeezed them. One patient referred to her father as an "antiseptic daddy"; a boy called his mother a "pus chaser." The more fastidious patients protected their fingernails with paper tissue or towels, especially when working on what they called "ripe" ones. Twen-

ty-six patients were squeezed by friends or relatives. This mania is deeply rooted. One boy had a cousin who was widely known for his skill in extracting blackheads with a darning needle. (Figure 6.)

Nocturnal Manipulations. Six girls and 3 boys fingered acne areas while sleeping. The face was involved in 4 cases, and the face, chest and back in 5 cases. The discovery of sleeping manipulation was made by nurses in two cases in the hospital; mothers, 3 cases; sisters, 2 cases; and husband, one case. Soiled linens led to the suspicion. A mother turned on the light in her daughter's room and learned the next morning that she did not know the light had been turned on. One girl awakened herself kneading the skin. When restraint was placed at the wrists, she awakened 3 or 4 times a night trying to free her hands. Three types of manipulations were carried out during sleep. (1) A mother saw a pinching act. The skin was squeezed between the first and second fingers. (2) A nurse saw a circular massaging take place around cysts and pustules. This was kept up until rupture occurred. (3) A sister saw a pressing action occur. The tips of the second and third fingers pressed the skin, like putting marks in rolled dough.

Parent Manipulations. These are shocking realizations. Six patients had parents, 5 mothers and 1 father, with badly scarred faces. They had squeezed themselves for years, and now they were squeezing their children. Inquiring into the basis of these habits often brought a rebuff. The parents resented interference and went to great pains to point out the good that had been done. One mother kneaded the face of her son like she was looking for peas in a pan of apples, pointing out all the time it was impossible for anyone to find a blackhead when she had finished. Other parents were unable to comprehend what they had been doing. The favorite excuse was that they had only followed the advice in a magazine article.

Effects of Squeezing on the Skin—Scarring and Deformity. Eighteen males and 42 females (60 cases) were scarred to varying degrees. Under the disguise of treatment and believed-in procedures, the adolescent mutilates the skin, aided by parents, relatives and friends. It is a mania of ignorance for many and a compulsion neurosis in a few. A male sophomore already disfigured by a cystic acne was asked if he picked

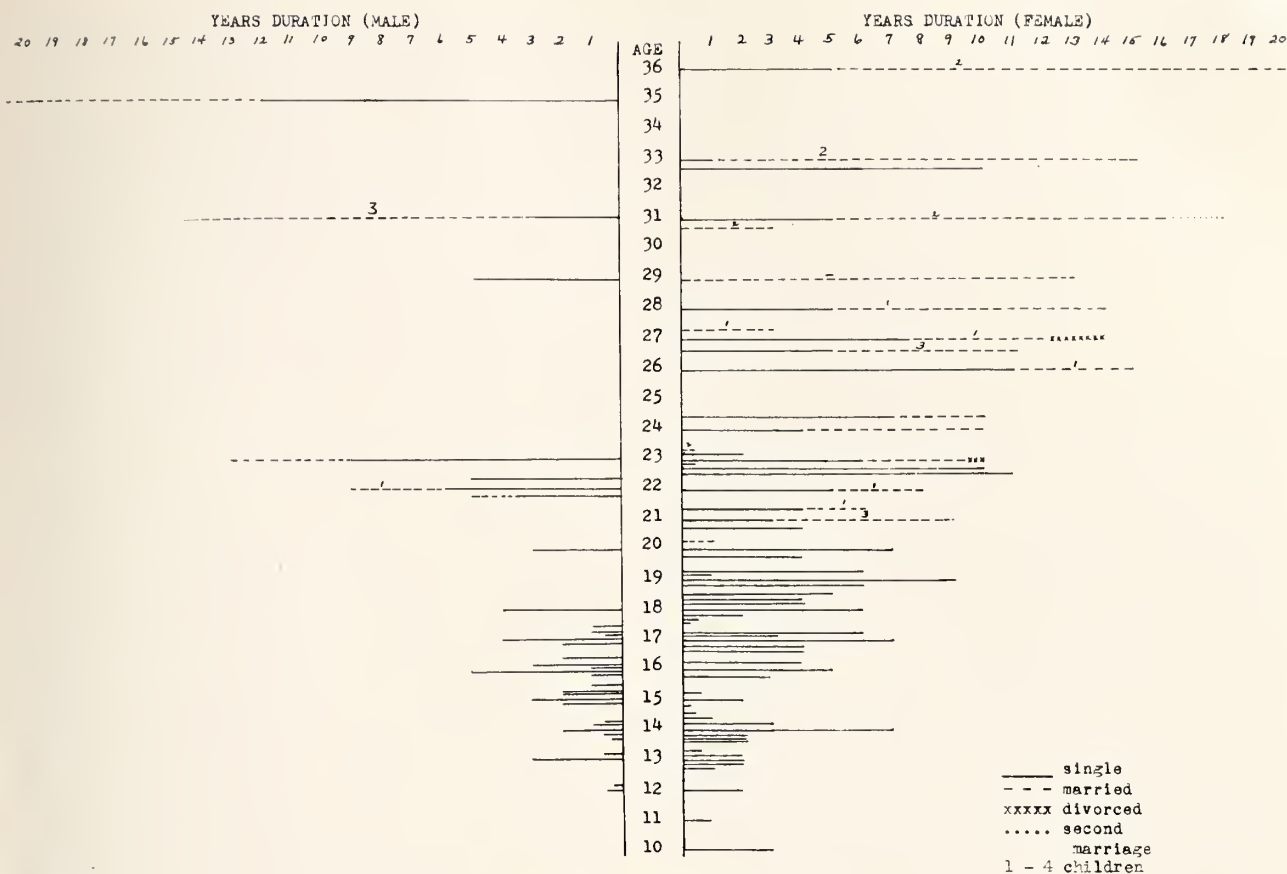


FIGURE 7. HABIT MANIPULATIONS VERSUS DURATION OF ACNE VULGARIS

and squeezed. The reply was condescending, "I'd be in an awful shape if I didn't."

Every patient who had an acne of long duration manipulated the affected areas. They never finished because the injury produced new lesions, Figure 7, and thus the activity goes on interminably. A close parallel are people who believe in wild hairs, search for them, squeeze the site and then pull out something that may or may not be a hair. Scarring is the final outcome, and the same holds true for adolescent acne unless the fallacy is exposed. Marriage and divorce had no effect on the duration, nor did having a family. Five patients developed acne after marriage. The duration followed closely the persistence of manipulative practices. Those patients in whom a good result was obtained were asked what they did to help to achieve it. The reply was prompt. "I quit picking and squeezing." Their facial expression made known that they meant it.

OTHER HABITUAL MANIPULATIONS IN ACNE VULGARIS

A localized neurodermatitis was present in 9 patients. Three had an occipital eczema, one a groin lichenification, 3 had lichenified patches on

the left leg, one the dorsal left foot, and one a patch of eczema on the left hand. Five patients were cuticle pickers inducing enough trauma to lichenify the paronychia tissue. Among the males were 20 nail biters. Eight were biters as children, and 12 were still doing it. Forty-seven females were nail biters. Seventeen had been, and 30 were still biting their nails. Eighteen patients out of 96 denied all manipulative habits. Commonly, there were manipulative habits found in the parents, relatives and friends.

A typical picture of adolescent tensional outlets follows: A mother is being examined for a hand eczema. At the other end of the desk sits her teen-age daughter. She is nearest the window. A side glance sees the jaws chomping gum with an occasional loud snap. Her eyes are bright and shiny as they move around. First, they take in the view from the window, then the objects in the room, and there are a number of glances to appraise the length of wait for her mother. The finger of the right hand twirls a few locks of hair, then caresses them into place. Quickly, the same fingers pull the tip of the nose, and forthwith speed to the ankle where a few quick rubs are given. Now the fingers of the left hand pull

the hair a bit, smooth it down. This hand misses the nose, but rubs the ankle again. All the time, the gum is champed. While the left fingers pull at a button, the right ones again go through the circuit—hair, nose and ankle. Out of curiosity, her nose is examined. The part rubbed and pulled by the fingers is a mass of comedones.

OBSERVATIONS FROM THE LITERATURE

Habitual manipulations are described in dermatologic reports under the title of neurotic excoriations. This designation is not a just one because manipulators usually are not neurotic, and the majority of them are glad to learn that they have been injuring their skin. What is more, most of them want to break the habit. Nobody likes to bite their nails, but a good many children and some adults are unable to stop. Tics are to be distinguished from habitual manipulations of the body. The textbook, *Child Psychiatry*, by Kanner⁶ contains a table which lists the essential differences between the two disorders. The first report describing manipulation in acne vulgaris was by Brocq⁷. It is quoted from Adamson⁸ because the original manuscript was not available in the midwest. The quotation is a thorough description of the affection.

"Small pattern excoriations are seen in girls or young women, who are, or have been, subjects of acne vulgaris, or who produce the erosions while endeavoring to remove real or supposed acne spots. During an interview, they constantly put their hands to their face. Sometimes, there is complaint of some burning or itching in the 'spot.' There is no intention to deceive, and the tearing of the skin is little more than a bad habit in a neurotic type of girl. The patient's face, forehead, cheeks, nose and skin, and sometimes the sides of the neck, are covered with brownish cafe-au-lait-coloured patches, intermixed with slightly crusted excoriations and other more rose-coloured patches, which are obviously healing excoriations. On closer observation, there may generally be seen some papulo-pustules and comedones. On inquiry, one finds that the excoriations result from the patient squeezing the papules or comedones, or scratching them with the nail or some sharp instrument, such as the point of a scissors. The object is to let out their contents, or to remove the spot which is felt to be disfiguring. Generally the acne is quite masked by the excoriations. Sometimes, the acne is slight

or possibly imaginary. In many cases, the interference with the papules becomes a veritable mania, so that the patient spends a great part of the day in front of a looking-glass manipulating papules or supposed papules, while at other times the fingers go mechanically to the face to rub the spots, or tear at them with the nail. It sometimes happens not only the girl, but also her mother, becomes obsessed with the idea that there is a grossly disfiguring eruption which is ruining her prospects. The parent's concern only serves to rivet the daughter's attention on her face and so to aggravate matters."

For 22 years, the literature was silent. Then MacKee⁹ stated that "the modern use of the term neurotic excoriations was limited to traumatic lesions produced by a person without intent to deceive." Patients with acne freely discussed their manipulative habits, even to those performed in the privacy of the bathroom. MacKee's description was masterly for excoriations. "They may be produced by the habit of picking at every slight elevation on the skin. This picking or digging may be quite unintentional, and in mild cases, it is limited to an unconscious habit of passing the hand over the face while deeply absorbed in study, locating a little follicular plug and digging with the fingernail until an excoriation is effected. In the same way, the reparative crust is repeatedly removed, healing is retarded, and the lesion may persist for weeks or months, becoming perhaps indurated or infected and, finally, when left alone disappearing spontaneously, often with scar formation. In the more pronounced cases, the habit is not controllable, and the person finds it difficult, if not impossible, to avoid picking at little islands of epithelial debris, follicular plugs, comedones, stubby hairs, acne lesions, milia, crusts, etc. The point to be emphasized in this type is that the patient has no reason, other than a nervous habit, for interfering with nature. It is the same kind of impulse that makes one bite the nails, chew the mustaches, bite the lips, suck the thumb, etc." Three of the cases reported by MacKee had signs of acne seborrhea. Those of us who knew him personally saw and heard of the long acne problem. The astuteness of his description lets one surmise that personal experiences might have filled in the details. Pusey and Senear¹⁰ also reviewed the subject of neurotic excoriations and reported 3 cases. One of the cases had a long

history of acne vulgaris. Michelson¹¹ described habitual manipulations under the title of physical neurotic excoriations. He placed in this group patients who had a pre-existing cutaneous disease, most often acne or sycosis. These patients believe that they assist the cure by removing lesions with fingernails or tweezers. The process becomes a ritual which female patients perform in their evening toilet and male patients in shaving. He sounded an encouraging note with the inference that psychotherapy coupled with local treatment often brings about a gradual cessation of the habit and what is more the habituation is not deep-seated.

In 1954 Wrong¹² commented on "the paucity of reports and endeavored to show that excoriated acne of females is more common than usually supposed, and that its lack of recognition often results in inadequate treatment and that such inadequate treatment causes needless mental upset to the patient and persistence of the eruption for years." He found in an analysis of 12,000 private patients, 73 cases of excoriated acne in females and only 4 cases in males. An associated acne vulgaris was found in 24 patients or about a third of the cases of excoriated acne. Many of his patients without associated acne had been treated as acne vulgaris by their family physicians, and some by other dermatologists without any appreciable improvement. Wrong's results of treatment are significant. The good results in excoriated acne are only fifty per cent, even with full knowledge of the condition and all facilities to treat the attendant acne if present. Unless the patient can be persuaded to leave the face alone, failure is bound to occur in exactly the same way that fingernails will not grow in a nail biter unless the habit is broken. Thirty-two males in my series of acne patients manipulated as much as females.

Obermayer¹³ noted that patients who have acne frequently excoriate their skin in an attempt to remove follicular plugs, blackheads and pustules. He found that in the vast majority of patients who have acne, the excoriation and preoccupation with the skin ceases as the skin improves. In less than one per cent, excoriations persist long after the acne has cleared. In my cases, the manipulations were in direct relation to the duration of the acne. When for some reason, known or unknown, they ceased, it was then that the acne underwent improvement.

Forty-six patients personally sought the advice of a physician about their condition. Two were referred by physicians. Parents insisted upon treatment in 24, relatives 5, and 19 were not interested in doing anything. These meager statistics show the lack of concern about acne. Those not interested in treatment were, for the most part, mothers who had brought their children in for something. It was disturbing to encounter so many badly scarred faces and such little concern manifested. Inquiries were usually shrugged off with these words, "Don't worry about me. I've been through the works and nothing has helped." These experiences allow one to wonder if such individuals were not lost in the endless forms of treatment, and if they did not grow tired of always doing something, and finally giving up settled down to manipulation. All of them were picking and squeezing. Prescribing a remedy, like the admonition "treat their acne to" inadvertently condones manipulation, if the reason for such habits are not discussed and some effort made to find their basis.

During the fall in Evansville, physical examinations are conducted in the high schools. Male freshmen and juniors are examined. One physician sees between five and six hundred students. About half the freshmen are still in the preadolescent stage. Records in 260 students disclosed an incidence for acne of 50 per cent. Forty-five per cent showed only an involvement of the face. Eighty-six were considered mild (comedones, papules with or without erythema) and 28 severe (erythema, pustules and scarring). Four were very severe (cysts and scarring). Five per cent had the face, chest and back affected. Three were mild, 7 severe and 3 very severe. One student had lesions limited to the face and chest classed as severe; one had the face, chest and pubic region affected and classed as severe. The schools were located in the mid to high economic areas of the city. The athletic teams of one white and one colored high school were examined and essentially the same findings were obtained. Lynch¹⁴ found an acne incidence of 57 per cent for boys and 46 per cent for girls among the university students. He, too, found a greater severity of involvement among boys both as to acuteness of lesions and distribution. The foregoing remarks do not portray such a bright

future for adolescent pimples. Each year the ranks are swelled by a new batch of cases; and when the present big baby crop reaches puberty, acne may well be the skin disease of major concern.

SUMMARY

Habitual manipulations can produce lesions clinically the same as acne vulgaris. The acts can also produce keloids. In 96 patients with acne, manipulations have been described as a procession from fondling to picking and then squeezing. Nail biting and other tensional outlets are common in acne patients. The adolescent needs to know that manipulative practices lead to a bad complexion, pimples and scarring.

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MEDICAL STUDENTS' INCOME SOURCES VARIED

During the 1955-56 school year, the Association of American Medical Colleges says the most important sources of students' income were their own vacation earnings, personal earnings of the students during the year, earnings of the students' wives, gifts from parents and the G.I. Bill.

Largest group of students (33 per cent) came from families in which the father was a laborer or in the low income group. Only 10 per cent were children of physicians.

Dr. Elmer Hess, immediate past president of AMA, stated that financial aid for students is available at many schools, with 72 of the 81 approved medical schools in the country permitting freshmen to work and 78 allowing upperclassmen to hold jobs. Forty-three schools offer scholarships and 59 offer loans to freshmen. Twenty schools give cash prizes, 72 offer scholarships and 81 offer loans to upperclassmen.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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THE WORLD MEDICAL ASSOCIATION

THE UNITED STATES members of the World Medical Association have invited the physicians of Indiana to become members of the world organization.

The W.M.A. was established nine years ago by forming a federation of the most representative national medical association in each of 52 nations. The American Medical Association is the organizational representative for the United States.

Membership in W.M.A. for individuals does not depend on membership in the A.M.A., but is achieved by joining a separate organization known as the United States Committee. This committee now has a membership in excess of 5,000, and is organized with Dr. Austin Smith, Editor of J.A.M.A. as chairman, and Dr. Louis H. Bauer as secretary-treasurer.

The U. S. Committee meets each year during the annual meeting of the A.M.A. As a result of this year's meeting a survey is being made to determine the membership's desires in regard to

an active program for promotion of international medical affairs.

In the past the principal activities of W.M.A. have been the publication of the World Medical Journal which all members of the supporting committees receive, the sponsorship of the World Conference on Medical Education, the adoption of a modern Hippocratic Oath, and the adoption of an International Code of Medical Ethics.

The First World Conference on Medical Education was held in London in 1953, and resulted in many benefits for better standards and practices in medical education all over the world. A second conference is planned for 1959, to be held in the United States.

The W.M.A. has taken a firm stand against government-controlled medicine and socialized medicine. One of its activities consists of its work in support of free medicine, and its efforts in opposition to the establishment or spread of socialized medicine.

Every individual physician is eligible for mem-

bership in the United States Committee. Annual membership dues are \$10.00. Many of the U. S. members make regular contributions in addition to the dues. All such contributions are tax deductible.

America's natural leadership in the medical world makes the United States Committee an im-

portant unit in the W.M.A. Membership and financial support are needed in order that our responsibilities may be well cared for.

Membership applications may be obtained from Dr. Louis H. Bauer, 10 Columbus Circle, New York, 19.

EVERY MEMBER IS A DELEGATE

"THE TIME AND PLACE of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association."

The above quotation from the By-Laws of the Association is reprinted to remind all members that each individual member may take an active part in the deliberations of the House of Delegates by attending reference committee meetings and participating in the discussion.

All large deliberative bodies accomplish most of the detailed investigative and discussional work on proposed actions by the means of reference committees. It is in a small committee, which can sit and hear individual opinions, that

the real issues may be spread out, examined, and subjected to debate in such a way that the answer and correct action become clear.

Abe Martin once said: "Did you ever notice how quickly a feller who knows all the facts can break up an argument?"

The House of Delegates during the coming Annual Convention meets on the day before the convention itself opens. This allows the meetings of the reference committees to be held during the first day of the convention when there is a minimum of conflict with the scientific program. Members are urged to take advantage of this opportunity, and to attend reference committee hearings on the subjects in which they are interested.

BETTER INFORMATION ON CHILD CARE

ANATIONAL COUNCIL has been formed by a group of physicians to aid in the dissemination to the laity of medical knowledge useful in the care of infants and children.

The new organization is named The National Council on Infant and Child Care. In the words of its president, Allan M. Butler, M.D., it "represents an effort on the part of those concerned with the health and welfare of children to foster the presentation of medical knowledge to the public in a manner appropriate to the best medical standards."

The Council plans a constructive editorial role in public education and will make its services available to lay persons or physicians who are

writing on medical subjects for newspapers, radio, television or magazines.

The need for such an enterprise stems from recent developments such as the tremendous growth of methods of mass communication, an increase in medical lay literature, and the increasing tendency of manufacturers to advertise pharmaceutical preparations directly to the public.

There are at present eleven popular magazines devoted to child care. These have a total circulation of approximately 4,000,000 copies per month. Newspaper health columns and general magazines add to the mass of child health counsel to which the public is exposed. There are times

when divergent views are expressed on the same subject, with resulting indecision on the part of parents.

The Council will endeavor to replace confusing, misleading or irresponsible information with appropriate, valid information.

To do this an information service for science writers will be made available. It is also planned to review lay medical articles on request prior to publication. Evaluation of advertising will be made to the advertiser.

The Council also plans to publish appropriate

material in the field of child care. This may take the form of original articles on good pediatric care, or may consist of information issued to counteract detrimental articles which have appeared in the public press.

The Council is quoted in summarizing its objectives: "The National Council on Infant and Child Care recognizes the natural interest of the public in medical information. It will attempt to encourage this interest by making available objective and accurate information to all writers and editors for public dissemination."

WE'RE NOT HITTING ON ALL CYLINDERS

RECENTLY AMA had a general check-up.

Some interesting facts turned up. For instance, the experts found that faulty transmission of knowledge about organizational activities and services from the local society level through county, state and on up to the national association may be a factor in preventing a 100 per cent smooth operation. Individual physicians need more information about actual benefits of membership as well as policies and projects of their medical organizations.

It's a little difficult to get all that across to the fellow who, admittedly, only goes to his society meeting once in awhile, doesn't always vote for his society's officers, and frequently criticizes AMA. When a physician criticizes AMA he is actually criticizing his local society and his state association, too. When his society joins in the complaining, the breach within the rank widens.

Nobody denies the right of members to criticize their own organizations or to disagree with their actions; yet there are times when it is vital for medicine to present a united front. Those who believe in democracy accept the premise that the opinions of the majority should prevail—until the minority can change the opinions of that majority.

Ninety per cent of all physicians in private practice belong to the American Medical Association. It, therefore, comprises the greatest percentage of physicians in this country and rightly

claims the title of official spokesman for the profession.

AMA was forged from the separate links—the county and state societies. Its collective strength is only as great as the strength of the links.

Our Indiana link, one of the first in the AMA chain, has been a strong one through the years. Elected delegates from Indiana have been heard in the AMA House of Delegates with respect. Their services have been sought by the parent body in advisory capacities and as chairmen of committees and officers of the national association.

Representation in the AMA House of Delegates is based on membership in the constituent state associations. For many years Indiana has had four delegates.

This year—1956—a fifth delegate could be added.

That action will depend largely upon those members of the Indiana State Medical Association who are not members of American Medical Association. For the first time in its history, ISMA has passed the 4,000 membership mark. Actually the number stands at 4,015. Of that number 196 do not belong to AMA. Whenever Indiana has 4,001 members of AMA, the state's physicians will be entitled to another delegate, another Indiana voice to be heard in the halls where policies of the medical profession are established.

Then we'll again be hitting on all cylinders.





ACHROMYCIN*

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obstetric infections

Posner and his colleagues¹ have reported on the use of tetracycline (ACHROMYCIN) in 96 cases of obstetric complications, including unsterile delivery, premature rupture of the membranes, endometritis, parametritis, and other conditions. They conclude that this antibiotic is ideally suited for these uses.

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ACHROMYCIN with STRESS FORMULA VITAMINS. Attacks the infection, bolsters the patient's natural defenses, thereby speeds recovery. Especially useful in severe or prolonged illness. Stress formula as suggested by the National Research Council.

SF Capsules, 250 mg.

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¹Posner, A. C., *et al.*; Further Observations on the Use of Tetracycline Hydrochloride in Prophylaxis and Treatment of Obstetric Infections, *Antibiotics Annual* 1954-55, pp. 594-598.



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Letter to the Editor:

INDIANA UNIVERSITY MEDICAL CENTER

1040-1232 WEST MICHIGAN STREET
INDIANAPOLIS 7, INDIANA

Editor, The JOURNAL of the
Indiana State Medical Association
1019 Hume Mansur Building
Indianapolis 4, Indiana

September 6, 1956

Dear Sir:

In the excellent article "The Law Pertaining to Autopsies" in the Journal of the Indiana State Medical Association, July 1956, Stump and Enswiller have pointed out that dissection may be performed upon unclaimed bodies which come to medical schools through the State Anatomical Board and that such dissection does not require a prior written consent by the next of kin since no one has asserted the "right of sepulture."

The anatomical law of the state of Indiana, approved February 25, 1903, made unclaimed bodies available for teaching and research in the medical and dental schools. Most of these unclaimed bodies were elderly inmates of state institutions who had outlived family and friends alike. They had had medical care; the cause of their death was known and there was no need for autopsy upon a large segment of the pauper dead during the first half of the present century.

On the other hand, during the last decade, pathology had made enormous strides in the percentage of necropsies, largely due to pressure for accreditation by the different specialty and hospital boards. Resident physicians have become very properly "pathology minded" and have striven earnestly for improvement in medical diagnosis and complete clinical records based upon necropsies. To a considerable degree, bodies that were formerly unclaimed for burial except at public expense, are now becoming less and less available for dissection in the anatomical laboratories.

Autopsy upon unclaimed bodies is not the only reason, however, for the serious cadaver shortage that, according to the National Society for Medical Research, involves more than a third of our medical schools, and hinders medical education in all but a few of the schools in this country as well as in Great Britain. Among the obvious reasons are improved economic factors, increased insurance, burial allowances for an ever increasing segment of our population, the veterans and their families, burial allowances from the Veterans Administration or the Social Security Administration. These and other Welfare Acts have modified the effect of the original Anatomical Law in our own state of Indiana. During the past five years, the law of diminishing returns, the increased demands for anatomical material due to increased student personnel, together with a steadily decreasing number of unclaimed bodies, has brought about a critical situation in our cadaver supply.

Fortunately the problem is not insoluble. During the past several years, our state anatomical board has received a number of bodies from persons who for one reason or another were endowed with a high degree of respect for medical science, and who have bequeathed their bodies for medical education and research. It so happens that Indiana is one of only nine states in which it is legally permissible to bequeath one's body for

the advancement of medical science. Although it might be legally feasible to circumvent the prior right of "sepulture" of the next of kin, our state anatomical board has never disputed with any relative concerning the disposition of a body. In order to make it convenient for those who are interested in contributing to the cause of medical education and research, the enclosed Certificate for Bequeathal of Body to the Indiana University Medical Center, and Certificate of Consent, may be obtained from the office of the Secretary of the State Anatomical Board, I. U. Medical Center, Indianapolis, Indiana.

Sincerely yours,

Edwin N. Kime, M.D., Professor of
Clinical Anatomy, and Secretary
of the Indiana State Anatomical
Board, I. U. Medical Center, In-
dianapolis, Indiana

E.N.K./K.e.

INDIANA UNIVERSITY MEDICAL CENTER

1100 WEST MICHIGAN STREET
INDIANAPOLIS 7, INDIANA

CERTIFICATE FOR BEQUEATHAL OF BODY TO
INDIANA UNIVERSITY MEDICAL CENTER.

Date_____

I hereby give and bequeath my body upon my death to the Indiana University Medical Center, Indianapolis, Indiana; and direct my executors, administrators and my next of kin to deliver my dead body to the Indiana University Medical Center, for medical education and research.

Signed _____

Witnesses _____

CERTIFICATE OF CONSENT TO BEQUEATHAL OF BODY TO
INDIANA UNIVERSITY MEDICAL CENTER.

Date_____

I, we, the undersigned next of kin to_____ do hereby consent to the transfer of his, her dead body to the Indiana State Anatomical Board for purposes of medical education and research at the Indiana University Medical Center, Indianapolis, Indiana.

Signed _____

The President's Page

IF A PUN may be permitted, I am like Lady Godiva as she neared the end of her journey, we approach our "close".

The year past has been busy, but satisfying. The generous and wholehearted support by the committee members has been of much satisfaction to me and of substantial help to the Association in maintaining the standards of our profession and accelerating our never-ending search for our private Holy Grail. These men, by their unselfish devotion of time and effort are the unsung and too little appreciated foundations of our organization. I pay tribute to these men who serve us so well.

And I must not fail to call your attention to the fine efficiency of our Secretary and the personnel of his office. We are fortunate to have such loyal and competent associates, constantly carrying an overload of work. They call to mind the slogan of the administrative officers in the Armed Forces, "The difficult we do at once and the impossible in a few days". With our constantly growing affairs, they should earn higher pay and need re-inforcements.

I strongly recommend to the Executive Committee of next year, substantial recognition of their efforts.

To the members of the Executive Committee and to the Council members, I am happy, to publicly express appreciation of their work, their thoughtful consideration of the matters brought before them and their constant willingness to create, themselves, continuing advances for the Association's good and for their generous and loyal support of the President. It is a privilege and an honor to be associated with them in upholding the traditions of the profession in its efforts for the good of the physicians and the people.

These men serve at a financial loss to themselves, cheerfully leaving their own duties and sacrificing possible leisure hours. The Association owes much to them. While none of them desire or would accept compensation, they ought, at least, be reimbursed for actual costs, the present allowances for travel being only about half of the real costs. I hope the next Budget Committee will double the present mileage allowance, the present scale, being a hang-over from a generation ago. We cannot afford to pay the real value of their services, but at least we can repay their actual outlays.

We, as a profession, are inept in politics, which control so much of our activities. As a relatively small group, we need political unity, not blind partisanship. We ought to be participants in local economic, social and political

matters. Our special training will cause our unified opinions to be sought as advisors and our public relations will so improve as to continue us as the most powerful segment of the population. Complacency is our most to be dreaded evil. By it, we lose our ancient influence.

I continue to believe that membership in a medical society is a privilege which demands some participation for its continuance. The door should be wide open for entrance, but equally open for dismissal for failure to participate and placing unequal burdens on the active members.

We take pride in setting up the long needed Medico-Legal Code.

We have begun negotiations with the Defense Department, which at this time (September 10) may not be openly discussed but which, if successful, will place Indiana in a unique position of national leadership in handling the controversial Military Dependents Law and which hoped for agreement will lead the profession of the nation into a satisfying solution, not only of this law, but of the oncoming Federal Employees Medical Care (which is reasonably certain) and, possibly, will offer a satisfactory solution of national medical care programs.

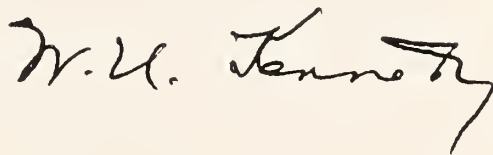
In our Annual Convention I suggest that we re-introduce orations on medicine and on surgery and dispense with so many papers, all of which are excellent, but lacking in appeal or even need, substituting fill-ins by special discussions on economic and social progress.

It is particularly pleasing to note the renaissance of medicine as differentiated from specialties. The control and leadership is shifting back to where it formerly was and ought to be.

In retiring from office, I do so with real personal regrets. (No one is quite so dead as an Ex-President).

It is, except for continuing interest as an individual practitioner, the end of an enjoyable life as an active participant, which has been a constant source of happiness, the principal ingredient, of which, has been the pleasure of service. May I again thank all of you.

Vale!

A handwritten signature in dark ink, appearing to read "W. H. Kennedy". The signature is written in a cursive, flowing style with a long, sweeping tail on the last letter.

Classified Abstract Archive of Alcohol Literature Available to Physicians

THE INDIANA COMMISSION on Alcoholism, Room 1005, 145 West Washington Street, Indianapolis 4, Indiana, has announced availability of its Classified Abstract Archive of the Alcohol Literature, one of nine such sets in the United States at the present time.

This collection of abstracts was developed by Jellinek, Keller, and Efron at the Yale Center of Alcohol Studies. It contains in condensed form the outstanding scientific literature on alcohol and alcoholism from all over the world. The purpose of the archives is to give easy access to any selected topic in the vast accumulation of the published materials on alcohol problems. Abstracts of relevant literature are classified by subject matter. The abstracts are printed on

"finding" cards, and the subject content is indexed in code along the margins. By inserting a sorting needle through prepared holes in the margins of these cards, it is possible to assemble literature on any specific topic according to the appropriate subject code. In a comparatively short time, a bibliography or abstracts of the literature on a desired phase of alcohol can be obtained.

The commission feels that this free service should be of value to all physicians interested in the problem of alcoholism and especially to those with a research or treatment interest. For further information as to the archives' use, contact the commission's medical director, Dr. Fred E. Lawrence, at the address given above, or phone: MEloose 2-5421, Extension 341.

Resolution of Respect for Dr. E. M. Shanklin Adopted

The following resolution passed by the Advisory Committee to the State Medical Journal Advertising Bureau, Inc., paid tribute to the late Eldridge M. Shanklin, Hammond, editor of THE JOURNAL of the Indiana State Medical Association for 16 years.

The resolution reads:

June 10, 1956

Whereas Dr. Eldridge M. Shanklin was for many years a respected and devoted editor of THE JOURNAL of The Indiana State Medical Association, the Advisory Committee of the State Medical Journal Advertising Bureau, Inc., in regular session, voted this day to pass a resolution of respect.

A distinguished member of the Advisory Committee of the old Cooperative Medical Advertising Bureau, Dr. Shanklin won the esteem and regard of his associates for his counsel at meetings and at the Conferences of Editors and Business Managers.

Be It Therefore Resolved: that in the death of Dr. Shanklin the State Medical Journals mark the passing of a loyal friend and representative.

Be It Further Resolved, that a copy of this resolution be sent to THE JOURNAL of The Indiana State Medical Association.

C. GRENESE COLE, M.D., *Chairman*
DOUGLAS W. MACOMBER, M.D.
R. G. MAYER, M.D.
WINGATE M. JOHNSON, M.D.
EVERETT M. GEORGE, M.D.
ALFRED J. JACKSON, *President*
ADELAIDE K. DAVIS, *Secretary*

A RESEARCH MILESTONE

Nilevar*

(BRAND OF NORETHANDROLONE)

Searle's New and Practical Steroid Specifically for Protein Anabolism—

It has long been recognized that a substance which would promote protein anabolism would be of inestimable value in therapy. The androgens have this property, but unfortunately they also exert actions on secondary sex characteristics. These effects are commonly undesirable in therapeutic programs.

THE FIRST STEROID WITH ANABOLIC SPECIFICITY—Nilevar, the newest Searle Research development, therefore, meets a long desired clinical need because Nilevar presents the first steroid primarily anabolic for protein synthesis. Moreover, Nilevar is without prominent androgenic effects (only about one-sixteenth of that exerted by the androgens).

OBJECTIVE AND SUBJECTIVE RESPONSE—Orally effective, Nilevar therapy is characterized by retention of nitrogen, potassium, phosphorus and other electrolytes in ratios indicative of protein anabolism. Moreover, subjectively the patient observes an increase in appetite and sense of well-being.

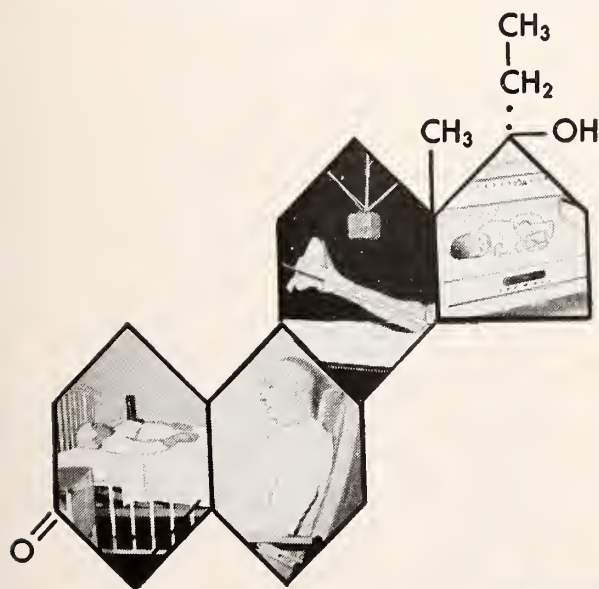
WELL TOLERATED—Nilevar has an extremely low toxicity. Laboratory animals fail to show toxic effects after six months of continuous administration of high dosages. Nilevar should not be administered to patients with prostatic carcinoma. Nausea or edema may be encountered infrequently. Slight androgenicity may be evidenced on high dosage or in particularly responsive individuals.

MAJOR INDICATIONS—Preparation for and recovery from surgery; supportive treatment of serious illnesses (pneumonia, poliomyelitis, carcinomatosis, tuberculosis); recovery from severe trauma and burns; decubitus ulcers; care of premature infants.

DOSAGE—The daily *adult* dose is three to five Nilevar tablets (30 to 50 mg.) but up to 100 mg. may be administered. For *children* the average daily dose is 1 to 1.5 mg. per kilogram of body weight; individual dosages depend on need and response to therapy.

SUPPLY—Nilevar is available in uncoated, unscored tablets of 10 mg. G. D. Searle & Co., Research in the Service of Medicine.

*Trademark of G. D. Searle & Co.



SEARLE

20 New Cancer Films For Physicians

DON D. BOWERS, M.D.*

Indianapolis

THIS SERIES of 20 new Kinescopic Films was recently originally telecast—live and in color—as part of a modern medical education program sponsored jointly by the American Cancer Society and the Columbia Broadcasting System.

The programs originated from two clinical centers in New York City: the Francis Delafield Hospital at Columbia-Presbyterian Medical Center, and Memorial Center for Cancer and Allied Diseases associated with Cornell University Medical College.

Physicians in seven cities saw these programs, which proved to be of so much value that 16 mm. color, sound, kinescope recordings were prepared to make the material available to all physicians.

The fact that early diagnosis will improve cancer cure rates is generally accepted, and these programs consistently stress that conception. But, more importantly, they represent full discussion and synthesis of, perhaps, fifty years of painstaking clinical observation and experience which is resulting in substantially improved clinical results, particularly within the past decade.

Many advances in medicine, surgery and radiotherapy justify further optimism. The series suggests, as an almost inescapable conclusion, that newer methods of clinical management should be extended to an even greater number of patients.

SUMMARIES PREPARED

A summary of each program has been written because of the abundance of material contained in these presentations, which is difficult to assimilate completely in a single viewing. Each summary was read and approved, prior to production, by the physician in charge of the program.

The illustrations were designed to provide facts and highlights of the program of particular interest to physicians already familiar with the general subject matter. The text recapitulates the content completely. The emphasis represents specific judgments of the participating physicians.

Among the outstanding authorities participating in this Physicians' Series were Dr. George N. Papanicolaou, professor of clinical anatomy, Cornell University Medical College; Dr. Alfred Gellhorn, chief, medical service, Francis Delafield Hospital; Dr. Cornelius P. Rhoads, director, Sloan-Kettering Institute for Cancer Research, Memorial Center for Cancer and Allied Diseases, and members of the staff of the Sloan-Kettering Institute for Cancer Research; and Dr. Howard C. Taylor, Jr., professor and executive officer, obstetrics and gynecology, Columbia University College of Physicians and Surgeons.

INFORMATION SOURCES

These kinescopes with complete summaries are available from the Indiana Division of the American Cancer Society, 325 Board of Trade Building, Indianapolis. Further information relative to these films may be secured either from the Division Headquarters or from the following thirteen members of the Professional Education Committee of the Indiana Division, A.C.S.:

Jean Pilot, M.D., 5231 Hohman Avenue, Hammond; Carl Culbertson, M.D., 531 North Main St., South Bend; A. A. Wade, M.D., Howe; Stanley M. Casey, M.D., 408 E. Market St., Huntington; Marvin N. Golper, M.D., St. Joseph Memorial Hospital, Kokomo; James M. McFadden, M.D., 35 North 25th Street, Lafayette; James H. Gosman, M.D., 2901 N. Meridian St., Indianapolis; C. V. Rozelle, M.D., 615 Citizens

* Chairman, Professional Education Committee, Indiana Cancer Society.

KNOX

Protein Previews



New Study Shows Gelatine Restores Brittle Fingernails to Normal

Directions for making the Knox Gelatine drink in every package



Brittle, fragile or laminating fingernails are the bane of many a woman's existence. Yet this highly prevalent and distressing condition often has gone uncontrolled for lack of effective therapy. Now, you can promise these patients substantial relief in a large percentage of cases.

In a recent study¹ that confirmed previous work² Knox Gelatine was used to treat 36 women with fragile, brittle, laminating fingernails. The response was most gratifying. Except for three patients who discontinued the therapy, three diabetics, and two women who had congenital deformities, the splitting ceased and all other patients were able to manicure their nails to a full point by the time the study ended.

Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for

three months. Efficacy has not been established with lesser dosage. If you would like more complete details of this work, just use the coupon.

1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* 19:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* 14:323, May 1950.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Dept. SJ-19
Johnstown, N. Y.

Please send me a reprint of the article by Rosenberg and Oster with illustrated color brochure.

YOUR NAME AND ADDRESS

Bank Bldg., Anderson; Don N. Mattox, M.D., Philip T. Holland, M.D., 108 W. 7th St., Bloom-
1700 N. 7th St., Terre Haute; Weston A. Hein- ington; Robert P. Acher, M.D., Greensburg;
rich, M.D., 314 S. E. Riverside Dr., Evansville; Wallace Childs, M.D., 421 Elm Street, Madison.

20 NEW CANCER FILMS FOR PHYSICIANS

<i>Program Number</i>	<i>Title</i>	<i>Running Time</i>	<i>No. of Reels</i>
29	The Psychological Aspects of Cancer -----	39 Min.	1
16	Cancer Detection -----	38 "	1
14	Lymphomas and Leukemias -----	55 "	2
23	Cancer of the Urinary Bladder -----	48 "	2
11	Cancer of the Oral Cavity -----	35 "	1
3	Cancer of the Prostate -----	50 "	2
27	Tumors of Childhood -----	44 "	1
25	Moles and Melanomas -----	49 "	2
30	Chemotherapy: A Research Frontier -----	44 "	1
12	Cancer of the Thyroid -----	29 "	1
8	The Differential Diagnosis of Uterine Bleeding -----	45 "	1
9	Cancer of the Cervix -----	47 "	1
21	Cancer of the Colon and Rectum -----	39 "	1
24	Tumors of Bone -----	49 "	2
17	Head and Neck Cancer -----	45 "	1
6	The Diagnosis of Breast Cancer -----	45 "	1
13	Cancer of the Central Nervous System -----	30 "	1
15	The Management of Advanced Cancer -----	46 "	2
19	Cancer of the Lung -----	45 "	2
28	Hormonal and Chemical Treatment of Cancer -----	52 "	2

These kinescopes, with complete Summaries, are available from the Indiana Division of the American Cancer Society, 325 Board of Trade Building, Indianapolis.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

This year I feel I have a great team working with me "to support the aims and purposes of the medical profession". I am pleased to present these team members to you.* They are responsible, in their respective fields, for directing the county groups in the work of the State Auxiliary. Some of them, with members of their committees, will write about their aims and accomplishments in a later issue.



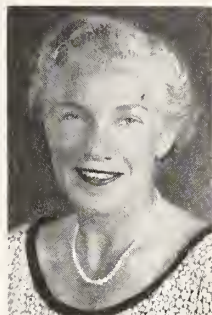
Mrs. Alvin Schaaf
Fort Wayne
Chairman, A.M.E.F.



Mrs. Charles Weirich
Butler
Chairman, Bulletin



Mrs. Frank Green
Rushville
Chairman, Editorial



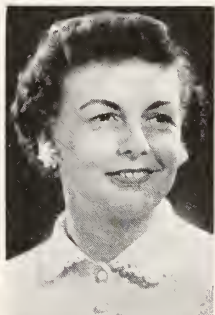
Mrs. Francis B. Mountain
Connersville
Chairman, Finance



Mrs. Frederick Simmons
Marion
Chairman, Legislative



Mrs. Leslie Laird
Richmond
Chairman, Mental Health



Mrs. Irwin S. Hostetter
Muncie
Chairman, Recruitment



Mrs. Burleigh Matthew
Indianapolis
Chairman, Medical Care Insurance



Mrs. Joseph Dudding
Hope
Chairman, Organization



Mrs. Jerome Holman, Jr.
Indianapolis
Chairman, Program



Mrs. Dwight Schuster
Indianapolis
Chairman, Publicity



Mrs. Wendell C. Stover
Boonville
Chairman, Public Relations



Mrs. Paul Sparks
Winchester
Chairman, Rural Health



Mrs. Hubert Goodman
Terre Haute
Chairman, Rules



Mrs. Jack E. Shields
Browns town
Chairman, Today's Health

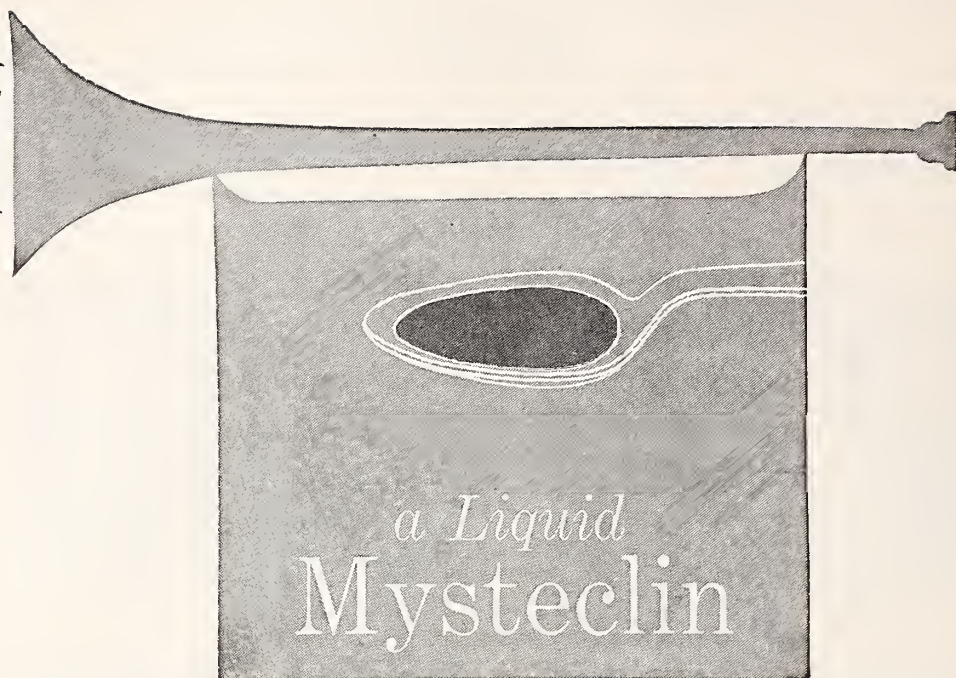
The Auxiliary Committee on Arrangements, with Mrs. Ralph Everly as chairman, has planned an enjoyable time for the women who attend the Indiana State Medical Association Convention with their husbands October 15-18. Mrs. Everly will be assisted by Mrs. Lester Bibler, dinner chairman; Mrs. Glen Ryan, luncheon chairman; and Mrs. Robert Fry, golf chairman.

Details of the Women's Program appear on page 1248 of this issue. We hope all your wives join us for the entire time.

Julia Tindall
MRS. WILLIAM R. TINDALL, President

* Mrs. Paul Stier, Fort Wayne is chairman of the Civil Defense Committee.

NOW



MYSTECLIN SUSPENSION

Steclin-Mycostatin

(Squibb Tetracycline-Nystatin)

Another form of the only broad spectrum antibiotic preparation with added protection against monilial superinfection

PLEASANT TASTING — Mysteclin Suspension is pleasantly fruit-flavored and will appeal to taste-conscious youngsters as well as to adults who prefer liquid medication.

BROADLY EFFECTIVE — Mysteclin Suspension provides well tolerated therapy for the many common infections which respond to tetracycline—and also acts to prevent monilial overgrowth.

READY-TO-TAKE — Mysteclin Suspension requires no reconstitution and can be given by simple teaspoon dosage to patients of all ages.

MYSTECLIN SUSPENSION: a fruit-flavored oil suspension containing the equivalent of 125 mg. Steclin (Squibb Tetracycline) Hydrochloride and 125,000 units Mycostatin (Squibb Nystatin) per 5 cc. teaspoonful. Supplied in two-ounce bottles.

Also available as Capsules (250 mg. Steclin Hydrochloride and 250,000 units Mycostatin) and Half Strength Capsules (125 mg. Steclin Hydrochloride and 125,000 units Mycostatin).

SQUIBB



Squibb Quality — the Priceless Ingredient

MYSTECLIN®, *STECLIN®*, AND *MYCOSTATIN®* ARE SQUIBB TRADEMARKS

107th

Annual Convention

INDIANA STATE MEDICAL ASSOCIATION

October 15, 16, 17 and 18, 1956

All Time—CDST

Murat Temple

Indianapolis

*Complete Program and
Annual Reports on
Following Pages*

Official Call to the House of Delegates

The next annual session of the Indiana State Medical Association will be held at the Murat Temple, Indianapolis, Indiana, October 15, 16, 17 and 18, 1956.

The House of Delegates will be constituted as follows: Marion County, nineteen delegates; Lake County, seven delegates; Allen County, five delegates; St. Joseph County, four delegates; Vanderburgh County, four delegates; Delaware-Blackford, three delegates; Bartholomew-Brown, Daviess-Martin, Dearborn-Ohio, Elkhart, Fayette-Franklin, Fountain-Warren, Harrison-Crawford, Jasper-Newton, Jefferson-Switzerland, LaPorte, Madison, Owen-Monroe, Parke-Vermillion, Tippecanoe, Vigo, and Wayne-Union County Societies, each two delegates; the other fifty-nine county societies, each one delegate; thirteen councilors and the ex-presidents, namely C. S. Bond, W. H. Stemm, Charles N. Combs, George R. Daniels, Charles E. Gillespie, F. S. Crockett, R. L. Sensenich, Herman M. Baker, Karl R. Ruddell, M. A. Austin, Carl H. McCaskey, N. K. Forster, Cleon A. Nafe, Augustus P. Hauss, Alfred Ellison, J. William Wright, Paul D. Crimm, William Harry Howard, and Walter L. Portteus; and ex-officio, the president, president-elect, executive secretary, and the treasurer of the association, and the delegates to the American Medical Association, all without power to vote, except in the case of a tie vote, when the president shall cast the deciding vote.

Blank credentials have been sent by the secretary to each county society, and the properly executed credentials should be mailed to the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana, or brought to the session. No delegate will be seated unless wearing the official badge.

The House of Delegates will convene promptly at 6:30 p. m. Monday, October 15, in the Student Union building, Indiana University Medical Center (dinner meeting), and again at 7:30 a. m., Thursday, October 18, in the Kellersaal, Athenaeum (breakfast meeting).

The order of business will be as follows:

1. Call to order by the president.
2. Roll call and seating of qualified delegates.
3. Reading of the minutes of previous meetings.
4. Appointment of reference committees.
5. Address of president-elect.
6. Report of executive secretary.
7. Report of treasurer.
8. Report of the chairman of the Council.

9. Reports of councilors.

10. Reports of standing and special committees:

- (1) Executive Committee.
- (2) County Medical Society Officers' Conference.
- (3) Constitution and By-Laws.
- (4) Convention Arrangements.
- (5) Grievance.
- (6) Industrial Health.
- (7) Medical Education and Licensure.
- (8) Physician-Hospital Relations.
- (9) Public Policy and Legislation.
- (10) Public Relations.
- (11) Publicity.
- (12) Rural Health.
- (13) Subcommittee on Preceptorships.
- (14) Scientific Exhibits.
- (15) Scientific Work.
- (16) Auditing.
- (17) Cancer.
- (18) Chronic Illness.
- (19) Civil Defense.
- (20) Conservation of Hearing.
- (21) Conservation of Vision.
- (22) Crippled Children Rehabilitation.
- (23) Diabetes.
- (24) Essay.
- (25) Heart Disease.
- (26) Indiana Inter-Professional Health Council.
- (27) Instructional Courses.
- (28) Liaison Committee with Indiana Association of Licensed Nursing Homes.
- (29) Liaison Committee with Labor.
- (30) Liaison Committee with State Department of Public Welfare.
- (31) Maternal and Child Health.
- (32) Medical Care Insurance.
- (33) Mental Health and Alcoholics Study.
- (34) Military Manpower.
- (35) Necrology.
- (36) Polio.
- (37) School Health and Physical Education.
- (38) State Fair.
- (39) Student Loan.
- (40) Traffic Safety.
- (41) Tuberculosis.
- (42) Venereal and Communicable Disease.
- (43) Veterans' Affairs and Rehabilitation.

The election of officers will be the first order of business at the second meeting of the House of Delegates. In addition to the regular officers, the

terms of the following officers expire December 31, 1956, and their successors must be elected at the session: Delegates to the American Medical Association to succeed Cleon A. Nafe, Indianapolis, and E. S. Jones, Hammond; and alternates, Earl W. Mericle, Indianapolis, and William C. Wright, Fort Wayne.

Delegates from the First, Fourth, Seventh, and Tenth districts are reminded that the terms of their councilors will expire December 31, 1956, and the

new councilors should be elected to succeed the following:

- First District: Minor Miller, Evansville.
- Fourth District: Joseph E. Dudding, Hope.
- Seventh District: Lester D. Bibler, Indianapolis.
- Tenth District: J. P. Vye, Gary.

Some of these elections already may have been held, but they should be reported to the House of Delegates at this session for confirmation.

JAMES A. WAGGENER, *Executive Secretary*.

HOUSE OF DELEGATES

Indiana State Medical Association

Indianapolis, October 15, 16, 17, 18, 1956

Delegates	Alternates
ADAMS N. E. Beaver, Berne	J. M. Burk, Decatur
ALLEN Richard N. Kent, Fort Wayne George D. Buckner, Fort Wayne Francis L. Land, Fort Wayne John H. Nill, Fort Wayne Wallace E. Bash, Fort Wayne	Wm. R. Clark, Fort Wayne Philip L. Smith, Fort Wayne Walter D. Greist, Fort Wayne J. S. R. McFall, Fort Wayne C. G. McEachern, Fort Wayne
BARTHOLOMEW-BROWN Robert M. Reid, Columbus Kenneth D. Schneider, Nashville	Lowell F. Beggs, Columbus
BENTON Dan Tucker Miller, Fowler	Verne L. Turley, Fowler
BOONE Clarence G. Kern, Lebanon	E. E. Gregg, Thorntown
CARROLL Robert M. Seese, Delphi	Charles L. Wise, Camden
CASS Lowell J. Hillis, Logansport	E. L. Hedde, Logansport
CLARK John S. Huoni, Jeffersonville	Eli Goodman, Charlestown
CLAY John M. Palm, Brazil	Jack Glosson, Clay City
CLINTON C. D. Holmes, Frankfort	G. K. Hammersley, Frankfort
DAVISS-MARTIN C. Philip Fox, Washington E. B. Lett, Loogootee	R. H. Rang, Washington Robert E. Chatten, Loogootee
DEARBORN-OHIO J. K. Jackson, Aurora Gordon Fessler, Rising Sun	George Vail, Lawrenceburg

Delegates	Alternates
DECATUR William R. Shaffer, Greensburg	James C. Miller, Greensburg
DE KALB C. I. Weirich, Butler	L. E. Jinnings, Garrett
DELAWARE-BLACKFORD R. M. Butterfield, Muncie Thomas Brown, Muncie William Douglas, Montpelier	George E. McCoy, Muncie Thomas Botkin, Muncie Paul Burns, Montpelier
DUBOIS Arthur L. Wagner, Jasper	Martin C. Heck, Jasper
ELKHART S. T. Miller, Elkhart Burton E. Kintner, Elkhart	Jack W. Hannah, Wakarusa Floyd S. Martin, Goshen
FAYETTE-FRANKLIN F. B. Mountain, Connersville H. N. Smith, Brookville	J. M. Lockhart, Connersville Elmer Peters, Brookville
FLOYD John M. Paris, New Albany	H. P. Sloan, New Albany
FOUNTAIN-WARREN Lee J. Maris, Attica James W. Crain, Williamsport	Lowell R. Stephens, Covington Carl A. Nelson, West Lebanon
FULTON J. C. Glackman, Sr., Rochester	D. K. Stinson, Rochester
GIBSON Virgil McCarty, Princeton	
GRANT Robert Brown, Marion	John Rhorer, Marion
GREENE Jerome A. Graf, Bloomfield	Sam Rotman, Jasonville
HAMILTON Sam Campbell, Noblesville	Alton Ridgway, Lapel
HANCOCK Dee D. Gill, Greenfield	Wayne Endicott, Greenfield

Delegates		Alternates		Delegates		Alternates					
HARRISON-CRAWFORD				Lawson J. Clark, Indianapolis				Albert M. Donato, Indianapolis			
William E. Amy, Corydon		Jesse Benz, Marengo		James W. Denny, Indianapolis		Roy A. Geider, Indianapolis					
N. E. Gobbel, English				Ralph V. Everly, Indianapolis		J. M. McIntyre, Indianapolis					
HENDRICKS				Bernard D. Rosenak, Indianapolis				Richard M. Nay, Indianapolis			
O. T. Seamahorn, Pittsboro		Lloyd Terry, Danville		James M. Leffel, Indianapolis		Lowell I. Thomas, Indianapolis					
HENRY				Russell J. Spivey, Indianapolis				A. Ebner Blatt, Indianapolis			
Walter M. Stout, New Castle		L. C. Marshall, Mt. Summit		D. S. Megenhardt, Indianapolis		William E. Sutton, Indianapolis					
HOWARD				Earl W. Mericle, Indianapolis				W. Donald Close, Indianapolis			
Richard Good, Kokomo		Garvey Bowers, Kokomo		William B. Lybrook, Indianapolis		Thomas W. Johnson, Indianapolis					
HUNTINGTON				Robert D. Fry, Indianapolis				James W. Young, Indianapolis			
Grover M. Nie, Huntington		S. E. Cope, Huntington		William H. Norman, Indianapolis		Robert A. Garrett, Indianapolis					
JACKSON				Harry Pandolfo, Indianapolis				Lester H. Hoyt, Indianapolis			
Jack E. Shields, Brownstown		Harold E. Miller, Seymour		Wendell A. Shullenberger, Indianapolis		Reid L. Keenan, Indianapolis					
JASPER-NEWTON				Joseph L. West, Indianapolis				Walter F. Ramage, Beech Grove			
James O. Coursey, Goodland				Irvin W. Wilkens, Indianapolis		Dwight W. Schuster, Indianapolis					
Jack L. Titus, Rennselear				Howard S. Williams, Jr., Indianapolis		K. R. Manning, Indianapolis					
JAY				MARSHALL							
Forrest E. Keeling, Portland		S. M. Hammond, Portland		A. A. Thompson, Tyner		M. O. Klingler, Plymouth					
JEFFERSON-SWITZERLAND				MIAMI							
M. O. Alcorn, Madison		Francis Prenatt, Madison		S. D. Malouf, Peru		C. R. Herd, Peru					
Noel S. Graves, Vevay		Antha A. Hamilton, Vevay		MONTGOMERY							
JENNINGS				MORGAN							
D. W. Matthews, North Vernon		B. W. Thayer, North Vernon		Kenneth Comer, Mooresville		James Bivin, Mooresville					
JOHNSON				NOBLE							
William D. Province, Franklin		Joseph F. Ferrara, Franklin		J. R. Nash, Albion		H. O. Williams, Kendallville					
KNOX				ORANGE							
Herbert O. Chattin, Vincennes		Virgil C. McMahon, Vincennes		Ivan Clark, Paoli		B. E. Sugarman, French Lick					
KOSCIUSKO				OWEN-MONROE							
E. W. Thomas, Warsaw				William C. Reed, Bloomington		Neal Baxter, Bloomington					
LA GRANGE				Donald Blackwell, Spencer							
Philip E. Yunker, Howe		Kenneth Lehman, Topeka		PARKE-VERMILLION							
LAKE				PERRY							
H. R. Stimson, Gary		Michael Shellhouse, Gary		N. A. James, Tell City		Earl Snyder, Troy					
Ray Elledge, Hammond		A. J. Dainko, East Chicago		PIKE							
R. J. Modjeski, Hammond		P. J. Rosenbloom, Gary		Milton H. Omstead, Petersburg		J. L. Higgins, Petersburg					
J. P. Vye, Gary		F. B. Monroe, Gary		PORTER							
J. B. Nicosia, East Chicago				E. J. DeGrazia, Valparaiso		C. J. Maternowsky, Valparaiso					
J. P. Birdsell, Crown Point				POSEY							
F. F. Premuda, Hammond				William B. Challman, Mt. Vernon		Frank Oliphant, Mt. Vernon					
LAPORTE											
V. F. Kling, Michigan City		D. G. Bernoske, Michigan City									
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LAWRENCE											
L. E. Benham, Bedford		R. D. Hawkins, Bedford									
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Gordon B. Wilder, Anderson		J. L. Larmore, Anderson									
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PUTNAM V. Earle Wiseman, Greencastle		TIPTON Albert E. Stouder, Kempton	M. B. Gossard, Tipton
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RIPLEY Charles Lippoldt, Batesville	Bill E. Freeland, Batesville	VIGO Hubert T. Goodman, Terre Haute Ernest O. Nay, Terre Haute	A. W. Cavins, Terre Haute Wm. Kunkler, Terre Haute
RUSH Frank H. Green, Rushville	Robert B. Johnson Rushville	WABASH J. T. Stoops, Wabash	
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STEUBEN		WHITLEY Linus J. Minick, Churubusco	
SULLIVAN Joe E. Dukes, Dugger	C. E. Whipps, Carlisle		

REFERENCE COMMITTEES — 1956
ANNUAL CONVENTION — October 16, 17 and 18

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C. P. Schneider, Evansville (Vanderburgh)
Jack E. Shields, Brownstown (Jackson)
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V. F. Kling, Michigan City (LaPorte)

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LAPORTE COUNTY

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William F. Johnson, Indianapolis
Walter F. Kelly, Indianapolis
Charles J. McIntyre, Indianapolis
Homer R. McKinstry, Indianapolis (deceased)
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1955 - 1956

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New Castle

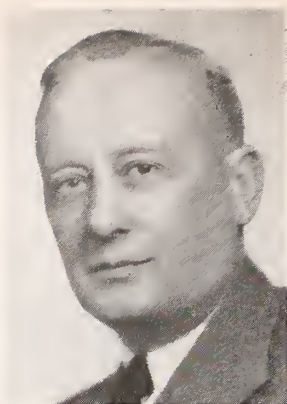
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1955-1956



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President-Elect
Kokomo



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Treasurer
Indianapolis



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Executive Secretary
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Chairman of Council
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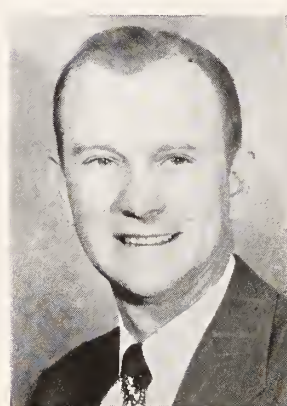
JAMES W. DENNY, M.D.
Chairman, Executive
Committee
Indianapolis



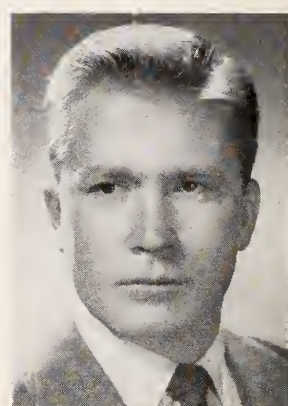
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Muncie



MRS. W. R. TINDALL
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ROBERT J. AMICK
Field Secretary
Scottsburg



KENNETH W. BUSH
Field Secretary
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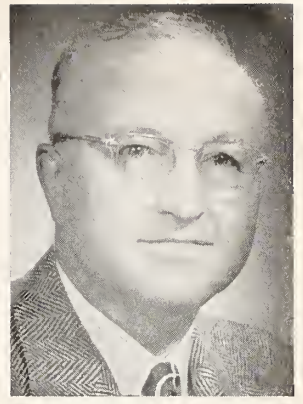
FRANK B. RAMSEY
Editor
THE JOURNAL
Indianapolis



A. W. CAVINS
Associate Editor
Terre Haute



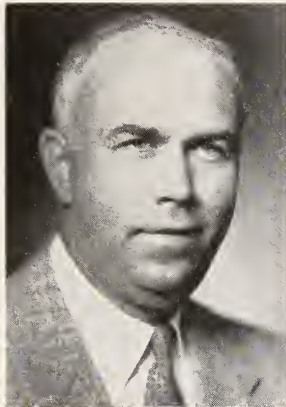
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DAVID A. BICKEL
Associate Editor
South Bend



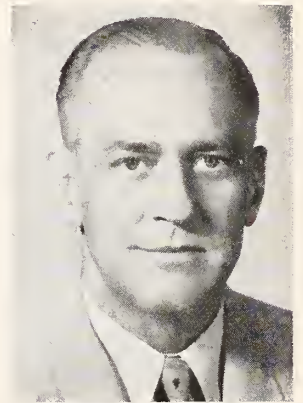
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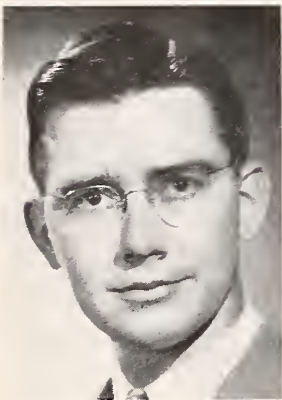
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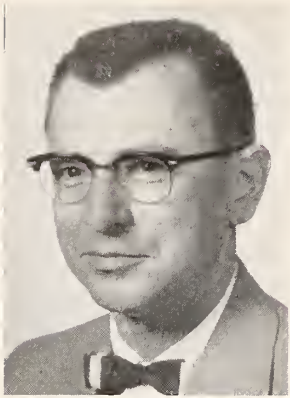
Anesthesiology

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South Bend

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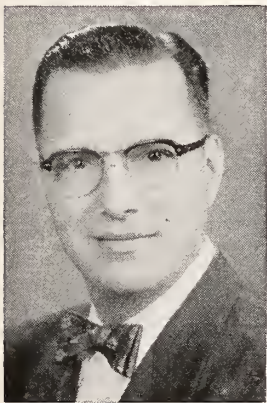
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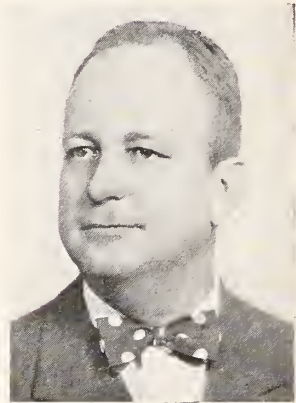
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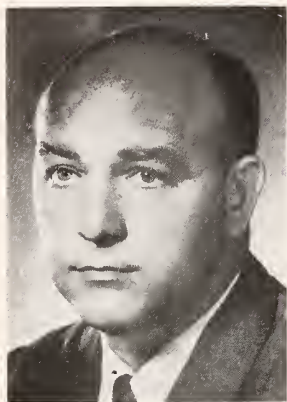
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Public Health and Preventive Medicine

CHAIRMEN



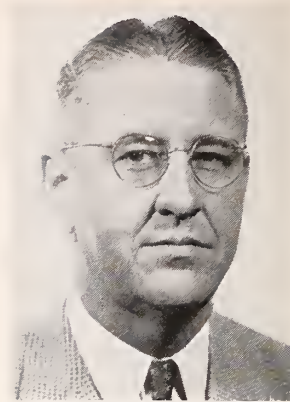
WILSON L. DALTON
Shelbyville

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DANIEL G. BERNOSKE
Michigan City

SECRETARY



KENNETH O. NEUMANN
Lafayette

CONVENTION ARRANGEMENTS



DR. LEFFEL



MRS. EVERLY

Dr. James M. Leffel, Indianapolis, again heads the General Convention Arrangements committee, a post he filled ably in 1954. He has been assisted in planning many of the activities for the 107th Annual Convention of I.S.M.A. by members of Indianapolis Medical Society who have secured top-flight entertainment for each day of the session.

Entertainment for women attending the convention has been planned by an arrangements committee under the chairmanship of Mrs. Ralph V. Everly, Indianapolis. Several new and interesting events have been planned by members of Indianapolis Medical Society Auxiliary.

GENERAL CONVENTION ARRANGEMENTS:

James M. Leffel, Indianapolis, chairman; R. M. Hansell, Harry Pandolfo, Hugh K. Thatcher, Jr., William E. Sutton.

HOUSING: Harry Pandolfo, chairman.

GOLF: J. M. McIntyre, chairman.

TRAP-SKEET SHOOT: Horace M. Banks, chairman.

RECEPTION: John W. Hendricks, chairman.

ENTERTAINMENT: James M. Leffel, chairman.

PUBLICITY: C. Basil Fausset, chairman.

WOMEN PHYSICIANS: Olga Bonke Booher, chairman.

WOMEN'S ENTERTAINMENT: Mrs. Ralph Everly, chairman; Mrs. Robert Fry, golf; Past President's Dinner, Mrs. Lester Bibler; Luncheon and Style Show, Mrs. Glen Ryan.

FIFTY-YEAR CLUB RECEPTION: Walter F. Kelly, chairman.

PROGRAM

107th Annual Convention

INDIANA STATE MEDICAL ASSOCIATION

Murat Temple, Indianapolis

October 15, 16, 17, 18, 1956

Monday, October 15

- 12 noon Executive Committee meeting, Conference Room, mezzanine floor, Indiana University Student Union Building.
- 3:00 p.m. Council meeting, Rooms 107 and 108, mezzanine floor, Indiana University Student Union Building.
- 6:00 p.m. Meeting of House of Delegates. Dinner in Cafeteria, north end, Indiana University Student Union Building. Meeting in M-124.

- 8:30 a.m. Annual golf tournament, Indianapolis Country Club. (Out Crawfordsville Road, $\frac{1}{4}$ to $\frac{1}{2}$ mile west of Indiana Girls School.)
- 9:00 a.m. Reference Committees meet. Basement Dining Room.
- 10:00 a.m. Instructional courses, Murat Temple.
- 11:00 a.m. Instructional courses, Murat Temple.
- 11:00 a.m. Annual trap-skeet shoot, Indiana Gun Club.
- 11:00 a.m. Editorial Board meeting, Directors' Room, Athenaeum. (Luncheon meeting.)

Tuesday, October 16

MORNING

- 8:30 a.m. Registration starts, lounge room, Murat Temple. Purchase your banquet tickets at the registration desk.
- 8:30 a.m. Opening of technical and scientific exhibits, lounge room, Murat Temple.

AFTERNOON

- 1:00 p.m. Instructional courses, Murat Temple.
- 2:00 p.m. Instructional courses, Murat Temple.
- 3:00 p.m. Instructional courses, Murat Temple.
- 2:00 to 4:00 p.m. Reference Committees meet. See bulletin board for exact time and place.



"THE SOUTHERN BELLES"

Strolling requests and specialties will be featured by the Southern Belles trio from 6 to 8 p.m. during the annual stag party for physicians, exhibitors' representatives and newspapermen on Tuesday evening. Arrangements for accordion, bass and violin with some vocals will be presented by this popular group. Plenty of good food and pulchritudinous performers should make the stag affair a "must."



"THE GOLD DUST TWINS"

Return by popular request !!

The Crusty Crumbs will be back with their Dixieland music. This Lafayette group of physicians (and a few friends) will be making their third appearance at an ISMA convention.

Indianapolis' own Lower Basin Street Chamber Music and Choral Society will make its debut before an ISMA audience. Their fame has preceded them and convention goers will be thrilled at the music of this swing aggregation, composed of about 20 doctors and dentists.

Tuesday Evening, October 16

6:00 p.m. Reception and annual dinner meeting for women physicians, Indianapolis Athletic Club. (Dinner at 6:30.)

6:00 p.m. Buffet supper, smoker and stag party, Dining Room, Murat Temple.

8:15 p.m. Entertainment for physicians, their wives, and guests, Murat Theater.

1. Physicians' orchestras from Lafayette and Indianapolis.
2. Comedy act.



JOAN IZOR

Joan Izor, girl xylophonist, will present a 15-minute program of "Novelties in Rhythm" during an intermission in the comedy act. Young and attractive, Miss Izor offers a scintillating performance, including both old and new favorites.

Advance notices indicate the comedy act of The Gold Dust Twins is so hilarious it must be presented in two parts (allows for a costume change, too). Pictured, at left, they do their "Two Bellhops" routine. Following an intermission the duo will return to give a comedy boxing exhibition.

Speakers and Moderators



DR. ALVAREZ

WALTER C. ALVAREZ, M.D.
Chicago

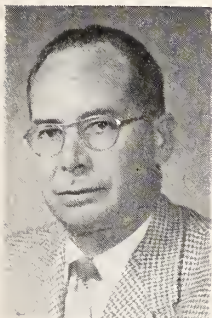
Dr. Alvarez is emeritus senior consultant in medicine at Mayo Clinic, and emeritus professor of medicine, University of Minnesota. He is in great demand as a lecturer and writes a column syndicated for 80 newspapers. Former editor of Gastroenterology and G.P., he is now editor-in-chief of Modern Medicine and Geriatrics, is the author of some 900 articles and several books. Past president American Gastroenterological Association and recipient of Friedenwald medal, 1951; member of 41 medical societies, honorary member of 20, including the Royal Society of Medicine, England.



DR. BICKEL

DAVID A. BICKEL, M.D.
South Bend

In private practice of obstetrics and gynecology; attending staffs Memorial and St. Joseph Hospitals, South Bend. Native of Indiana and graduate, Indiana University School of Medicine, 1921. Diplomate, American Board of Obstetrics and Gynecology. Dr. Bickel is an associate editor of The JOURNAL, I.S.M.A.



DR. BILLINGS

EDWARD G. BILLINGS, M.D.
Denver, Colorado

Associate clinical professor of psychiatry, Colorado University, and consultant to the Surgeon General, United States Army, Dr. Billings is in private practice in psychiatry in Denver. He is a native of Valparaiso, Indiana, and a 1928 graduate of I. U. School of Medicine. He is a diplomate, American Board of Psychiatry and Neurology, and American Board of Internal Medicine, and is a certified mental hospital administrator.



DR. BOOTH

BOYNTON H. BOOTH, M.D.
Indianapolis

A diplomate of American Board of Dermatology and Syphilology, Dr. Booth is in the private practice of his specialty. He is a graduate of University of Illinois College of Medicine, 1943; received postgraduate training in dermatology in Chicago, Indianapolis and St. Louis.



DR. BRADFORD

F. KEITH BRADFORD, M.D.
Houston, Texas

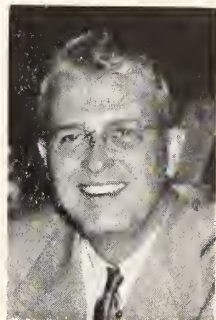
A neurological surgeon, Dr. Bradford is associate clinical professor of surgery (neurosurgery) at Baylor University College of Medicine and a consultant in neurosurgery to the VA Hospital, Houston, Texas. He is in private practice. Dr. Bradford was born in Newport News, Virginia, and is a 1933 graduate of Medical College of Virginia. He is co-author with Spurling of "The Intervertebral Disc", and author of numerous papers on neurosurgery.



DR. BRODIE

DONALD W. BRODIE, M.D.
Indianapolis

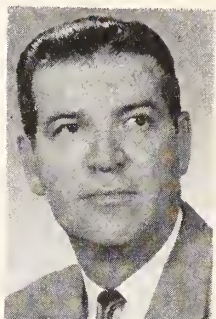
In private practice, limited to diseases of the chest. Dr. Brodie, born in Ohio, is a 1934 graduate of I. U. School of Medicine; internship and residency at Sunnyside Sanatorium, Indianapolis. Certified by the American Board of Chest Physicians. Serves on four Indianapolis hospital staffs, and as consultant to Logansport State Hospital.



DR. W. BROWN

WENDELL E. BROWN, M.D.
Indianapolis

An associate professor in pediatrics at I. U. School of Medicine and in the private practice of pediatrics, Dr. Brown is an I. U. graduate, 1934, interned at St. Vincent's and served his residency in pediatrics at Riley Hospital, I. U. Medical Center.



DR. BROWNING

WILLIAM M. BROWNING, M.D.
Indianapolis

A board certified pediatrician and assistant in pediatrics at I. U. School of Medicine. Dr. Browning is also instructor in pediatrics at Methodist School of Nursing. He is a 1941 I. U. graduate with internship and residency served at Indianapolis General Hospital in pediatrics.



DR. BURNEY

LEROY E. BURNEY, M.D.
Washington, D.C.

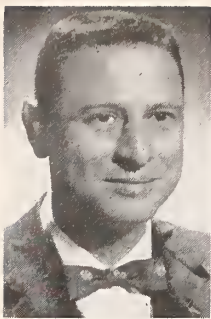
Now Surgeon General for the U. S. Public Health Service, Dr. Burney was formerly Secretary of the Indiana State Board of Health and Health Commissioner for Indiana. He is a native of Indiana.



DR. CAMPBELL

JOHN A. CAMPBELL, M.D.
Indianapolis

Professor of radiology, Indiana University School of Medicine, and director of radiology, I. U. Medical Center. Graduate of Cincinnati College of Medicine in 1937, Dr. Campbell is a diplomate, American Board of Radiology, and a member of numerous specialty organizations.



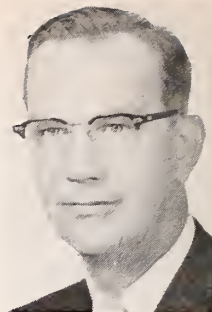
IRVIN CAPLIN, M.D.
Indianapolis

In private practice as an allergist. Dr. Caplin is a 1939 graduate of I. U. School of Medicine, was in general practice for eight years. He served a 2-year residency in allergy and internal medicine at the VA Hospital in Pittsburgh under the auspices of the University of Pittsburgh. Member of American Academy of Allergy and American College of Allergy.

DR. CAPLIN

THOMAS O. DORRANCE, M.D.
Bluffton

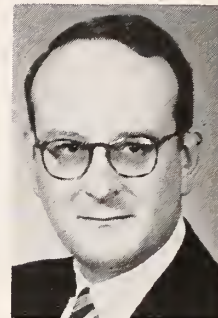
Certified pediatrician on staff of Caylor-Nickel Clinic, Bluffton, since 1938. Graduate of University of Chicago (Rush), 1935; internship, St. Luke's Hospital, Chicago, and residency in pediatrics, Children's Memorial Hospital, Chicago. Member, American Academy of Pediatrics and American College of Physicians.



DR. DORRANCE

NATHANIEL D. EWING, M.D.
Vincennes

Board certified surgeon in private practice. Dr. Ewing is a native of Vincennes, graduate in 1943 of Washington University School of Medicine. He served internship and residency in Baltimore following two years service as a medical officer. He is chief of staff of Good Samaritan Hospital and senior surgeon at Hillcrest sanitarium.



DR. EWING

HAROLD D. CAYLOR, M.D.
Bluffton

A general surgeon at the Caylor-Nickel Clinic; certified by American Board of Surgery. Native of Indiana, Dr. Caylor is a graduate of Rush Medical College, 1922, served internships in Chicago hospitals, and a 5-year residency at Mayo Clinic.



DR. CAYLOR

DWIGHT E. CLARK, M.D.
Chicago

Professor of surgery, and senior attending surgeon, Billings Hospital of the University of Chicago Clinics, and secretary of the Department of Surgery, University of Chicago. A native of Ohio, Dr. Clark received his degree from the University of Rochester School of Medicine in 1937; internship and residencies at University of Chicago. Diplomate, American Board of Surgery and member of many surgical and scientific societies.



DR. CLARK

CHARLES FISCH, M.D.
Indianapolis

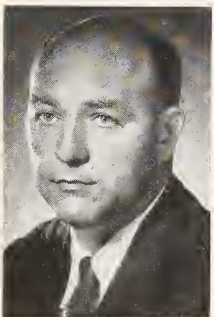
In private practice of internal medicine, specializing in cardiology. Dr. Fisch is a 1944 graduate of I. U. School of Medicine, served internship and residency in Indianapolis. He is an assistant in medicine at I. U. School of Medicine, director of the Robert Moore Heart Clinic at Indianapolis General Hospital.



DR. FISCH

WILSON L. DALTON, M.D.
Shelbyville

In the general practice of medicine since 1951. A native Hoosier, Dr. Dalton served as a pilot during World War II in Europe. He is a graduate of I. U. School of Medicine, 1950. On staff of W. S. Major Hospital, Shelbyville.



DR. DALTON

ROBERT A. GARRETT, M.D.
Indianapolis

Professor and chairman, Department of Urology, Indiana University School of Medicine, and part time private practice of urology. Native of Indianapolis, 1943 graduate, I. U. School of Medicine. Internship, and residency, Cincinnati General Hospital and residency, I. U. Medical Center.



DR. GARRETT

JOSEPH B. DAVIS, M.D.
Marion

Staff surgeon, Davis Clinic and Marion General Hospital, Marion; consultant to VA Hospital, Marion. Graduate of I. U. School of Medicine, 1942. Diplomate, American Board of Surgery, and Fellow, American College of Surgeons.



DR. DAVIS

DAVID C. GASTINEAU, M.D.
Indianapolis

Assistant professor of radiology, Indiana University School of Medicine. Diplomate, American Board of Radiology. Graduate I. U. School of Medicine, 1947; internship and residency at Indiana University Medical Center.



DR. GASTINEAU



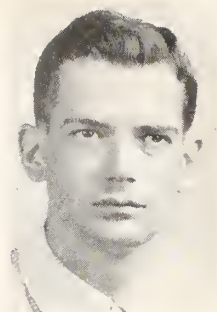
WILLIS D. GATCH, M.D.
Indianapolis

In private surgical practice. Graduate of Johns Hopkins University School of Medicine, 1907, certified by American Board of Surgery and member of American College of Surgeons, American, Western and Southern Surgical Associations. Author of many articles published in state and national medical publications.

DR. GATCH

CHARLES O. HAMILTON, M.D.
South Bend

Private practice limited to anesthesiology. Graduate of Indiana University School of Medicine, 1945; member of attending staff, Memorial Hospital, South Bend, and visiting staff, Northern Indiana Children's Hospital, South Bend. Diplomate of American Board of Anesthesiology, and member American Society of Anesthesiologists.



DR. HAMILTON



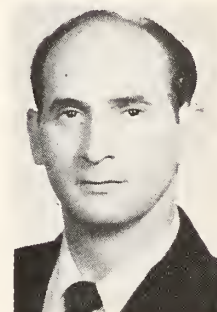
BENJAMIN M. GASUL, M.D.
Chicago

Specialist in pediatric cardiology. Dr. Gasul is clinical professor of pediatrics, University of Illinois School of Medicine, and professor of pediatrics, Cook County Graduate School of Medicine, Chicago. He is a 1924 graduate of Rush Medical College. Awarded Frank Billings Silver medal, A.M.A., 1955. Other staff posts include, pediatric cardiology consultant, Mt. Sinai Hospital, director pediatric cardiophysiology, Cook County Children's Hospital, attending pediatrician (cardiology) Presbyterian Hospital and Hektoen Institute for Medical Research.

DR. GASUL

SEYMOUR HERSHMAN, M.D.
Chicago

Actively engaged in the use of hypnosis in general practice and the author of several articles on hypnosis. Graduate of Chicago Medical School, 1941. Fellow, Academy of Psychosomatic Medicine; honorary member, British Society of Medical Hypnotists; member, Society for Clinical and Experimental Hypnosis. Attending staff, Garfield Park Community Hospital, and research assistant in hypnosis at Veterans' Administration.



DR. HERSHMAN



JOHN A. GRAF, M.D.
South Bend

Anesthesiologist in private practice. Graduate of Indiana University School of Medicine in 1944, certified by the American Board of Anesthesiology, and a member of the American Association of Anesthesiologists.

DR. GRAF

CARL P. HUBER, M.D.
Indianapolis

Professor and chairman, Department of Obstetrics and Gynecology, Indiana University School of Medicine. Native of Michigan, graduate, University of Michigan School of Medicine, 1928. Past president, American Academy of Obstetrics and Gynecology; certified by American Board of Obstetrics and Gynecology, and member of several specialty groups.



DR. HUBER



CHARLES F. GREGORY, M.D.
Dallas, Texas

Associate professor of surgery and chairman, division of orthopedic surgery, University of Texas Southwestern Medical School, Dallas. A native of Michigan, Dr. Gregory is a 1944 I. U. School of Medicine graduate. He serves as consultant to VA Hospitals at McKinney and Dallas, Texas. Recipient of Kappa Delta award, 1953, and ABC traveling fellowship in England, 1955.

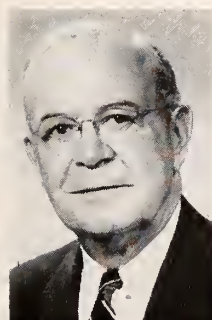
DR. GREGORY

RICHARD R. HUGHES, M.D.
Lafayette

In private practice as a general surgeon; board certified. Graduate of Indiana University School of Medicine, 1942. Staff appointments at St. Elizabeth and Home Hospitals, Lafayette.



DR. HUGHES



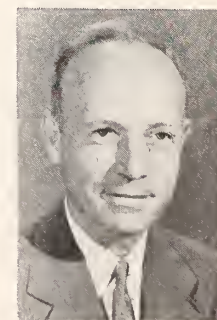
CARL HABICH, M.D.
Indianapolis

Board certified gynecologist in private practice. Dr. Habich is a native of Indianapolis and a graduate of Indiana University School of Medicine in 1909.

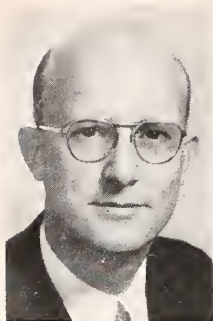
DR. HABICH

RICHARD N. KENT, M.D.
Fort Wayne

Board certified specialist in internal medicine in private practice. Native of Fort Wayne; graduate Northwestern University Medical School, 1937; residency at Mayo Foundation, University of Minnesota, 1946. Consultant in medicine, VA Hospital, Fort Wayne.



DR. KENT



DR. KIRTLEY

WILLIAM R. KIRTLEY, M.D.
Indianapolis

Member of Clinical Research Division of Eli Lilly and Company since 1948; physician-in-charge, diabetes research, Lilly Laboratory for Clinical Research, and the Diabetic Out-Patient Department of Indianapolis General Hospital. Dr. Kirtley is an associate in medicine at I. U. School of Medicine. Attended Northwestern University Medical School, served internship and residency in Indianapolis. Member of many scientific and medical organizations and abstracts editor of the journal, Diabetes. His primary interest in research has been diseases of metabolism and chiefly diabetes.



DR. KROGER

WILLIAM S. KROGER, M.D.
Evanston, Illinois

Associate professor of gynecology, Chicago Medical School, consultant in hypnosis, VA hospital, and a specialist in obstetrics and gynecology (psychosomatic aspects). Graduate, 1930, Northwestern University School of Medicine. Author of "Psychosomatic Gynecology", 1956, and co-author with Bergler of "Kinsey Myth". Author of numerous articles and advisory editor for several publications, including Western Journal of Surgery, Gynecology and Obstetrics.



DR. LAMBERT

JOHN P. LAMBERT, M.D.
Katonah, New York

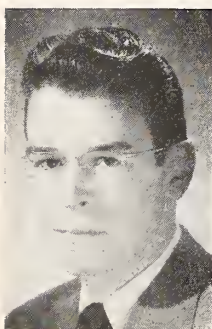
Associate in Psychiatry, Columbia University College of Physicians and Surgeons, and medical director of "Four Winds" sanitarium at Katonah, New York. Native of New York City and graduate of Columbia University College of Physicians and Surgeons in 1935. Consultant for Northern Westchester Hospital. Member of several specialty organizations.



DR. LINDSAY

HAMLIN B. LINDSAY, M.D.
Washington

General surgeon in private practice; assistant chief of staff and on surgical staff of Daviess County Hospital. Graduate of Indiana University School of Medicine, 1932. Fellow in International Academy of Proctology and American Geriatrics Society; member of local and national medical organizations.



DR. LITTLEFIELD

PAUL A. LITTLEFIELD, M.D.
Indianapolis

Native of Boston, Massachusetts and graduate of Indiana University School of Medicine in 1948; internship and residency at I. U. Medical Center. Certified by American Board of Anesthesiology; in private practice limited to anesthesiology. Holds several hospital staff appointments and is on the I. U. visiting teaching staff.

PAUL H. LORHAN, M.D.
Kansas City, Kansas

Clinical professor of anesthesiology and chairman of the department, University of Kansas School of Medicine; consultant in anesthesiology, Wadsworth Veterans and VA Hospitals, Kansas City. Native of Pennsylvania and graduate of Creighton University School of Medicine, 1935.



DR. LORHAN

GEORGE T. LUKEMEYER, M.D.
Indianapolis

Assistant professor of medicine at Indiana University School of Medicine. Dr. Lukemeyer, a native of Indianapolis, is a 1947 I. U. graduate and served both internship and residency at I. U. Medical Center.



DR. LUKEMEYER

PIERCE MacKENZIE, M.D.
Evansville

In private practice limited to obstetrics gynecology, Dr. MacKenzie is a 1919 graduate of Rush Medical College; served internship and residency in Chicago at Presbyterian Hospital. He holds staff appointments at three Evansville hospitals.



DR. MACKENZIE

BILL L. MARTZ, M.D.
Indianapolis

Assistant professor of medicine, Indiana University School of Medicine; member of medical staff of Lilly Laboratory for Clinical Research at Indianapolis General Hospital. Graduate of Indiana University School of Medicine, 1945; diplomate, American Board of Internal Medicine.



DR. MARTZ

WILLIAM M. McCONAHEY, M.D.
Rochester, Minnesota

Assistant professor of medicine, Mayo Foundation of the University of Minnesota, and consultant in internal medicine and endocrinology at the Mayo Clinic. Dr. McConahey is a native of Pittsburgh and a 1942 graduate of Harvard Medical School. He is a diplomate of the American Board of Internal Medicine.



DR. McCONAHEY



DR. McCORMICK

C. O. McCORMICK, Jr., M.D.
Indianapolis

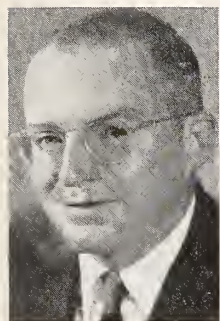
In private practice of obstetrics and gynecology. Graduate of Indiana University School of Medicine, 1938. Certified by American Board of Obstetrics and Gynecology. Member, Central Association of Obstetricians and Gynecologists and American College of Surgeons.



DR. MENGERT

WILLIAM F. MENGERT, M.D.
Chicago

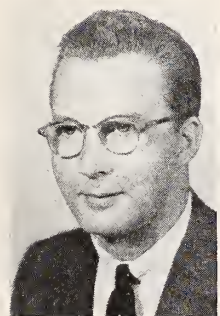
Professor and head of department of obstetrics and gynecology, University of Illinois College of Medicine, Chicago. Former president, American College of Obstetricians and Gynecologists; chairman, A.M.A. Section on Obstetrics and Gynecology. Author of "Postgraduate Obstetrics" and many articles. Native of Washington, D.C.; graduate in 1927 of Johns Hopkins Medical School.



DR. NIE

LOUIS W. NIE, M.D.
Indianapolis

In private practice limited to psychiatry; associate professor of psychiatry and neurology, I. U. School of Medicine. Graduate of I. U. School of Medicine in 1939; internship and residencies in psychiatry at Indiana General and Indiana University Hospitals. Certified by the American Board of Psychiatry.



DR. PHILLIPS

JOHN F. PHILLIPS, M.D.
Bluffton

Member, department of medicine staff, Caylor-Nickel Clinic. Graduate of Indiana University School of Medicine, 1944; internship, Lancaster General Hospital, Lancaster, Pennsylvania; residency, Iowa Methodist Hospital, Des Moines. Formerly in private practice in Fort Wayne.



DR. POLLEY

HOWARD F. POLLEY, M.D.
Rochester, Minnesota

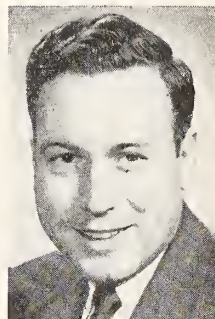
Associate professor of medicine, University of Minnesota Graduate School, Mayo Foundation; and consultant in medicine, Mayo Clinic. Specialty, internal medicine, particularly rheumatic diseases. Native of Columbus, Ohio. Graduate in 1938, Ohio University College of Medicine.

RALPH A. REIS, M.D.
Chicago

Professor of obstetrics and gynecology, Northwestern University Medical School, and editor of "Obstetrics and Gynecology." A native of Chicago, Dr. Reis was graduated in 1919 from Northwestern University Medical School.



DR. REIS



DR. SCHMIDT

EUGENE E. SCHMIDT, M.D.
Fort Wayne

A graduate of Indiana University School of Medicine in 1945, Dr. Schmidt served internship and residency at Indianapolis hospitals. In private practice of anesthesiology with staff appointments at all Fort Wayne hospitals.

L. H. SCHMIDT, Ph.D.
Cincinnati

Director, The Christ Hospital Institute of Medical Research; research professor, College of Medicine, University of Cincinnati. A specialist in experimental pathology, Dr. Schmidt serves as a consultant to the executive committee of the Veterans Administration, and to the Pharmacology and Experimental Therapeutics Study Section and the Cancer Chemotherapy Study Section of the U. S. Public Health Service. He received his degree from the University of Cincinnati in 1932.



DR. SCHMIDT

LOUIS SCHWARTZ, M.D.
Washington, D.C.

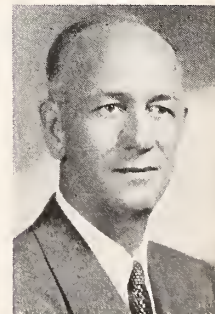
Consultant dermatologist to the Occupational Health Division, U. S. Public Health Service, and National Institutes of Health. Retired as medical director from USPHS in 1947 after 40 years service. Special lecturer at U. S. Naval Medical School, Georgetown University, Jefferson Medical College and Johns Hopkins University School of Hygiene and Public Health. Author of books and more than 170 articles on occupational and related dermatoses. Diplomate, American Board of Dermatology and Syphilology and American Board of Preventive Medicine and Public Health; honorary member and fellow of many scientific groups.



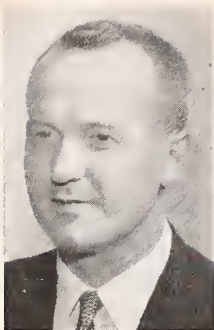
DR. SCHWARTZ

LINDON SEED, M.D.
Chicago

In private practice, specializing in surgery and the use of radioactive isotopes; associate clinical professor of surgery, University of Illinois Medical School; on surgical staff and director of isotope laboratory, Augustana Hospital, Chicago. A native of Ontario, Canada, Dr. Seed is a 1920 graduate of Rush Medical College. Member, American Board of Surgery, American Goiter Association, National Society of Nuclear Medicine, and International College of Surgeons.



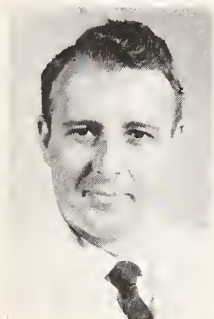
DR. SEED



DR. SIMMONS

JAMES S. SIMMONS, M.D.
Indianapolis

In private practice and director of Marion County Child Guidance Clinic. Instructor in psychiatry at I. U. School of Medicine. Graduate of Ohio State University School of Medicine, 1947; postgraduate residency in psychiatry at Menninger Foundation, Topeka, Kansas. Certified by the American Board of Psychiatry and Neurology.



DR. SKILLERN

PENN G. SKILLERN, M.D.
Cleveland

Specialist in internal medicine and endocrinology; staff member, department of medicine, Cleveland Clinic, and instructor, Bunts Postgraduate Institute, Cleveland Clinic. Born in Philadelphia, Dr. Skillern was graduated from Indiana University School of Medicine in 1944. He is a member of the Endocrine Society and the American Goiter Association.



DR. SPOLYAR

LOUIS W. SPOLYAR, M.D.
Indianapolis

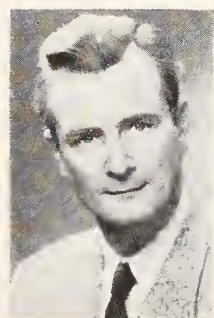
Director, Division of Industrial Hygiene, Indiana State Board of Health since 1937; assistant professor of public health, I. U. School of Medicine. Graduate of I. U. in 1936; diplomate, American Board of Preventive Medicine and Public Health.



DR. STOUT

RICHARD B. STOUT, M.D.
Elkhart

General surgeon in private practice. Graduate Boston University School of Medicine, 1927; internship, Columbia Hospital, Milwaukee; residency, Methodist Hospital, Madison, Wisconsin. Fellow, American College of Surgeons.



DR. SUGARBAKER

EVERETT D. SUGARBAKER, M.D.
Jefferson City, Missouri

In private practice, Sugarbaker Tumor Clinic, Jefferson City, since 1947; formerly chief surgeon, The Ellis Fischel State Cancer Hospital, Columbia, Missouri. A native of Paterson, New Jersey and graduate of Cornell University in 1935, Dr. Sugarbaker served internships at Henry Ford Hospital, Detroit; and residencies at Memorial Hospital, New York, Baltimore Marine Hospital Tumor Clinic, and had a Bowen scholarship at Lahey Clinic, Boston. Certified by American Board of Surgery, and a member of several medical associations.

CHARLES E. TEST, M.D.
Indianapolis

Assistant professor of medicine at Indiana University School of Medicine, and in the private practice of internal medicine. Dr. Test is a 1941 graduate of the University of Chicago School of Medicine, served internship at Indiana University hospitals and residency at the U. of Chicago. He has staff appointments at three Indianapolis hospitals. He is certified by the American Board of Internal Medicine.



DR. TEST

WILLIAM C. VANCE, M.D.
Richmond

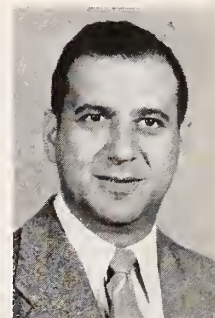
In private practice of pediatrics and chief of pediatric service, Reid Memorial Hospital. Dr. Vance is a native of Illinois, graduate of Indiana University School of Medicine in 1934, served internship at I.U. Medical Center and residency at Riley Hospital, Indianapolis. Certified by American Board of Pediatrics.



DR. VANCE

FRANK VELLIOS, M.D.
Indianapolis

Associate professor of clinical pathology at Indiana University School of Medicine. A native of St. Louis, Dr. Vellios is a 1946 graduate of Washington University, served his internship at Barnes Hospital, St. Louis and residency at Barnes and Columbia University. He is certified by the American Board of Pathology.



DR. VELLIOS

PHILLIP T. WHITE, M.D.
Indianapolis

Assistant professor of neurology at Indiana University Medical Center; consultant to VA hospitals and the Indiana Village for Epileptics. Dr. White is a native of Madison County, Indiana, a 1946 graduate of George Washington University School of Medicine, interned at St. Luke's, Cleveland and served residencies at Indiana University Medical Center and Mayo Clinic. He is certified by the American Board of Psychiatry and Neurology.



DR. WHITE

JOHN S. SCHECHTER, M.D.
Indianapolis

Specialist in internal medicine in group practice. Graduate of Indiana University School of Medicine, 1942; internship and residency at Indianapolis General Hospital. Staff appointments at three hospitals. Certified by American Board of Internal Medicine.

FREDERIC W. TAYLOR, M.D.
Indianapolis

Professor of surgery at Indiana University School of Medicine and in private practice of general surgery. Dr. Taylor is a 1927 graduate of Columbia University College of Physicians and Surgeons and served his residency at Presbyterian Hospital, New York. He is certified by the American Board of Surgery and holds staff appointments at three Indianapolis and the University hospitals.

7:30 a.m. Breakfast meeting of Committee on Industrial Health, Circle Room, Columbia Club.

8:30 a.m. Registration continues, lounge room, Murat Temple. Purchase your banquet tickets at the registration desk.

8:30 a.m. Technical and scientific exhibits, lounge room, Murat Temple.

SYMPOSIA

9:00 to 10:15 a.m.

- (1) DIAGNOSIS AND TREATMENT OF BENIGN AND MALIGNANT DISEASES OF THE THYROID.
(Murat Theater)

Moderator: JOHN A. CAMPBELL, M.D., Indianapolis.

"Radioiodine in the Diagnosis of Hyperthyroidism,"
WILLIAM M. McCONAHEY, M.D., Rochester, Minnesota.

Abstract: The radioiodine tracer is an excellent test for hyperthyroidism in Graves' disease, but not in adenomatous goiter with hyperthyroidism. The most precise tests are the 6-hour thyroidal collection of I¹³¹, the thyroid iodide clearance and the conversion ratio, the first being best for routine use. The triiodothyronine inhibition test and the gammagraph may also be helpful in the diagnosis of hyperthyroidism.

"Treatment of Benign Thyroid Conditions,"
DWIGHT E. CLARK, M.D., Chicago.

"I-131 in the Treatment of Toxic Goiter"
LINDON SEED, M.D., Chicago.

Abstract: The administration of radioactive iodine offers a simple and effective way of controlling toxic diffuse goiter. Indeed, if one could eliminate the principal hypothetical objection, namely, that radiation to the thyroid gland may induce cancer, it would be the preferable form of therapy in exophthalmic goiter. It is indicated in toxic nodular goiter only when the operative mortality is excessive. The indications, contra-indications and results of therapy in these two conditions will be reviewed.

- (2) COUNSELING OF ANXIOUS PARENTS IN NORMAL AND DISEASED CHILDREN. (Murat Candidates Room)

Moderator: WILLIAM M. BROWNING, M.D., Indianapolis.

"The Retarded Child,"
JAMES E. SIMMONS, M.D., Indianapolis.

Abstract: Most parents of retarded children feel disappointment and frustration. In addition, their ability to plan constructively for their child may be seriously impaired by feelings of guilt, fear, shame and anger. These feelings must be evaluated and handled before the parents can realistically understand and accept the true nature and the future implications of their child's condition.

"Infantile Colic,"
THOMAS O. DORRANCE, M.D., Bluffton.

Abstract: A discussion of the various causes for crying and abdominal pain in infants. "Colic" is not considered to be a definitive symptom-complex and usually a careful investigation will turn up the etiologic factor for the babies' symptoms. Methods of treatment will be considered.

"Sleeping and Behavior Problems,"
WILLIAM C. VANCE, M.D., Richmond.

"The Spastic and Crippled Child,"
WENDELL E. BROWN, M.D., Indianapolis.

"Congenital Heart,"
BENJAMIN M. GASUL, M.D., Chicago.

9:00 to 10:15 a.m.

- (3) BACKACHE. (Egyptian Room)
Moderator: JOSEPH B. DAVIS, M.D., Marion.

"Low Back and Sciatic Pain,"

F. KEITH BRADFORD, M.D., Houston, Texas.

Abstract: Injury to the intervertebral discs of the lumbosacral spine is the source of many cases of back and sciatic disability. The pain from benign gynecologic and genitourinary conditions usually does not mimic the pain of a deranged or ruptured intervertebral disc. The effectiveness of treatment depends upon accuracy of diagnosis and accuracy of appraisal of disability.

"Orthopedic Conditions and Low Back Pain,"

CHARLES F. GREGORY, M.D., Dallas, Texas.

Abstract: There are a number of rather common causes for back ache which the practitioner will encounter quite regularly. Among them, congenital deformities lately become symptomatic, such as spondylolisthesis.

Postural back ache in adults after thirty, degenerative joint disease in late middle life and osteoporosis in the elderly. These, plus some more unusual causes for back ache will be discussed.

"Medical Aspects,"

HOWARD F. POLLEY, M.D., Rochester, Minnesota.

Abstract: Backache is a commonly encountered symptom for which there may be many and diverse causes. Various musculoskeletal disorders as well as visceral diseases and psychosomatic factors need to be differentiated. Critical evaluation of pertinent details of each patient's history and examination facilitates accurate diagnosis and appropriate therapy.

9:00 to 10:45 a.m.

(4) INDUSTRIAL DERMATOSIS AND POISONINGS. (Basement Lounge)

Moderator: LOUIS W. SPOLYAR, M.D., Indianapolis.

"Allergy in Industrial Dermatitis,"

IRVIN CAPLIN, M.D., Indianapolis.

Abstract: Allergy produces 15-20% of the dermatosis seen in industry. The sensitization is a contact dermatitis. The diagnostic test is the patch test as is done in tuberculosis. The reaction is a delayed reaction requiring 48-72 hours. Most frequent producers of allergic type of dermatitis in industry are resins, oils (including plant oils), nickel, and antibiotics. Treatment, other than removal of cause, is entirely symptomatic.

"Office Dermatitis,"

BOYNTON H. BOOTH, M.D., Indianapolis.

Abstract: In industrial practice the dermatologist's function is to establish a diagnosis of occupational or nonoccupational origin of the disease, determine the etiology, and recommend treatment and preventive measures. As an expert in the diagnosis and treatment of skin diseases he cooperates with the industrial physician in accomplishing these aims.

"Industrial Dermatology,"

LOUIS SCHWARTZ, M.D., Washington, D. C.

Abstract: Industrial dermatoses comprise about two-thirds of all industrial diseases. The causes, both pre-disposing and actual, are described. Criteria for diagnosis and differential diagnosis are given. General methods of treatment and prevention and medical-legal aspects are presented.

10:45 to 12:00 noon

(1) ACUTE RENAL FAILURE.

(Murat Candidates Room)

Moderator: BILL L. MARTZ, M.D., Indianapolis.

"Diagnosis,"

ROBERT A. GARRETT, M.D., Indianapolis.

"Medical Management,"

JOHN F. PHILLIPS, M.D., Bluffton.

"Indications and Procedure for Hemodialysis,"

GEORGE T. LUKEMEYER, M.D., Indianapolis.

10:45 to 12:00 noon

(2) THE PROGRAM FOR PROVIDING MEDICAL CARE TO DEPENDENTS OF MILITARY PERSONNEL.

(Murat Theater)

CAPTAIN J. V. NOEL, JR., Chairman of the Task Force Committee, Department of Defense, Division of Health and Medical Affairs, Washington, D. C.

THE PHYSICIAN'S RESPONSIBILITY UNDER THE EXPANDED SOCIAL SECURITY PROGRAM.

ARTHUR B. PRICE, M.D., Chief Medical Consultant, Division Disability Operations, Bureau of Old Age and Survivors Insurance, Social Security Administration, Baltimore, Md.

10:45 to 12:00 noon

(3) ALCOHOLISM AND ITS RELATIONSHIP TO THE PRACTICE OF MEDICINE AND SURGERY. (A Round Table.) (Egyptian Room)

Wednesday Morning (Continued)

Moderator: LOUIS W. NIE, M.D., Indianapolis.

“Psychiatric Therapy and Adjunctive Therapy for the Alcoholic Patient,”

JOHN P. LAMBERT, M.D., New York.

“Management of the Alcoholic Patient in a General Hospital,”

EDWARD G. BILLINGS, M.D., Denver, Colorado.

“The Alcoholic Patient in the Community,”

DONALD W. BRODIE, M.D., Indianapolis.

10:45 to 12:00 noon

(4) DIABETES. (Basement Lounge)

Moderator: CHARLES E. TEST, M.D., Indianapolis.

“Oral Insulin Experimentation,”

WILLIAM R. KIRTLEY, M.D., Indianapolis.

“Pathologic Overactivity of the Endocrine Glands and Diabetes Mellitus.”

PENN G. SKILLERN, Jr., M.D., Cleveland.

Abstract: Diabetes mellitus may or may not be associated with pathologic overactivity of the pituitary, adrenal, and thyroid glands. Such diabetes, when present, may be completely reversible or permanent after correcting the glandular overactivity. Our experience with diabetes precipitated by various types of pathologic endocrine gland overactivity will be described.

Wednesday Noon

12.00 noon

Luncheon meeting, Indiana Roentgen Society, Fraternity Room, Athenaeum.

Speaker: EVERETT L. PIRKEY, M.D., Louisville, Kentucky, Professor and Chairman of Department of

Radiology, University of Louisville School of Medicine.

“Experiences with the Use of a Soluble Opaque Substance in the Gastro-Intestinal Tract.”

12:00 noon

Luncheon meeting of members of State and County Tuberculosis Committees, East Room, Athenaeum. Indiana Chapter of American College of Chest Physicians participating.

Business meeting.

L. H. SCHMIDT, Ph.D., Cincinnati.

“Experimental Studies on the Prophylactic Activity of Isoniazid in Tuberculosis.”

RICHARD B. SMITH, M.D., Fort Wayne.

“Changes in Arterial Blood Gases with the Val salva Maneuver in Emphysematous Patients.”

J. V. THOMPSON, M.D., and A. D. DENNISON, M.D., Indianapolis will present a colored movie on *“Coarctation of the Aorta.”*

12:00 noon

Luncheon meeting of Indiana Association of Pathologists, Ladies Parlors, Athenaeum.

12:00 noon

Luncheon meeting, Indiana Society of Anesthesiologists, Veterans Room, Athenaeum.

12:00 noon

Phi Rho Sigma luncheon, Kneipe Room, Murat Temple.

12:00 noon

Phi Chi luncheon, Blue Room, Athenaeum.

12:00 noon

Phi Beta Pi luncheon, Palm Room, Athenaeum.

12:00 noon

Luncheon meeting of examiners for Civil Aeronautics Association and members of Aero Medical Association, Directors' Room, Athenaeum.

Speaker: COL. ROSCOE TURNER, Indianapolis.

Subject: *“The Physical Examination from a Pilot's Viewpoint.”*

GENERAL MEETING

3:30 to 5:00 p.m.

Wednesday Afternoon

(Murat Theater)

2:00 p. m.

Call to order by Walter U. Kennedy,
M.D., New Castle, president, Indiana
State Medical Association.

2:00 p.m.

OBSTETRICS—a symposium.

Moderator: CARL P. HUBER, M.D.,
Indianapolis.

*"Analgesia and Anesthesia in Preg-
nancy,"*

RALPH A. REIS, M.D., Chicago.

"Placenta Abruptio,"

WILLIAM F. MENGERT, M.D., Chi-
cago.

Abstract: Placental abruption of almost any degree is generally considered to represent immediate indication for cesarean section. We do not agree with this routine treatment and feel that because so many of the placental separations are mild it is possible to deliver a great many of the patients vaginally with considerable success. We deliver most of our patients suffering placental separation vaginally. This does not mean to imply that cesarean section should never be used for placental abruption, but only states that generally it is unnecessary.

Following the initial observation that about 10 per cent of pregnant women at term who lie on their backs for a period of time will develop shock, it was discovered that the shock is caused by compression (or ligation) of the inferior vena cava. Ligation of the inferior vena cava of the pregnant dog at term will cause placental abruption. We felt this could be related to the human.

Details of how it is related and a few clinical observations developing from such possible relationships will be presented.

3:00 p. m.

Time allowed to view exhibits.

USE OF HYPNOSIS IN MEDICAL
PRACTICE—a demonstration.

"Hypnosis in General Practice,"

SEYMOUR HERSHMAN, M.D., Chi-
cago.

Abstract: A brief discussion of the History and Theories of Hypnosis; definition of psychological terms as applied to Hypnosis; dangers, misconceptions, method of induction, etc. The medical applications as applicable to the General Practitioner will be discussed including the utilization of Hypnosis for alleviation of fears and control of pain; "stress" diseases, as ulcers, hypertension, neuro-dermatitis, etc.; control of habits as nail biting, enuresis, obesity, excessive smoking; and treatment of other functional problems as insomnia, constipation, migraine; and some of the neuroses.

*"Hypnosis in Obstetrics and Gyne-
cology,"*

WILLIAM S. KROGER, M.D., Chi-
cago.

"Hypnosis in Surgery,"

H. B. LINDSAY, M.D., Washington,
Indiana.

Abstract: A report will be given on the use of Medical Hypnosis in major surgery, relying entirely on hypnosis as an anaesthetic. Additional personal experimental work will be reviewed.

Evidence now available strongly points to the many advantages of hypnosis as an anaesthetic to relieve pain and also as a procedure to allay pre and post-operative fear and anxiety. Control over physiological processes of the body will be discussed.

The limitations of Hypnosis will be explained as well as the advantages.

Patients vary in their susceptibility as do the techniques of accomplishing the desired results.

While the technique of hypnosis is not difficult, it does require applied study and practice. Its application is not beyond the comprehension of interested physicians.

Wednesday Evening, October 17

8:00 p.m.

PRESIDENT'S NIGHT, Murat Theatre
James M. Leffel, M.D., Master of Ceremonies

Address: **WALTER URBAN KENNEDY**, M.D., New Castle, president.

Entertainment: **RENATO PACINI**, associate conductor of **INDIANAPOLIS SYMPHONY ORCHESTRA**, with **BOBBY HACKETT**, jazz trumpeter, in

"JAZZ versus THE CLASSICS"

Mr. Pacini will direct 45 members of the Indianapolis Symphony Orchestra; Bobby Hackett and his 5 musicians will appear.

The internationally famous jazz trumpeter and his band will present their versions of popular tunes lifted from the classics.

Mr. Pacini and the Symphony Orchestra will follow with the classical versions.

Talents will be combined when Bobby Hackett joins Pacini and the orchestra to do a solo or two in the popular vein. You've heard Bobby Hackett, trumpet virtuoso, on radio, television, and in jazz concerts. Hackett and his band come to Indianapolis direct from New York.

Pacini and a major portion of the Indianapolis Symphony Orchestra (one of the nation's finest) have become an integral part of Indiana's culture.

When you hear the two in this Battle of Music you'll be enjoying one of the finest musical programs ever offered in the state.

Bring your family and friends—make this a Standing Room Only event!



BOBBY HACKETT



RENATO PACINI

Thursday Morning, October 18

7:30 a.m.

Final meeting of House of Delegates, Kellersaal, Athenaeum. (Breakfast meeting.)

Business meeting in Little Auditorium, Athenaeum.

Meeting of Council immediately follow adjournment of House of Delegates, Directors' Room, Athenaeum.

8:30 a.m.

Registration continues, lounge room, Murat Temple. Purchase your banquet tickets at the registration desk.

8:30 a.m.

Technical and scientific exhibits, lounge room, Murat Temple.

GENERAL MEETING

(Murat Theater)

SYMPOSIA

10:30 a.m.

CARCINOMA OF THE BREAST.

Moderator: FREDERIC W. TAYLOR, M.D., Indianapolis.

"Modern Surgical Treatment of Carcinoma of the Breast,"

EVERETT D. SUGARBAKER, M.D., Jefferson City, Missouri.

"Correlation of Breast Cancer Types to Survival,"

FRANK VELLIOS, M.D., Indianapolis.

"Effect of Treatment on the Natural Course of Breast Cancer,"

W. D. GATCH, M.D., Indianapolis.

"The Role of Roentgen Therapy in the Management of Carcinoma of the Breast,"

DAVID C. GASTINEAU, M.D., Indianapolis

Thursday Noon

12 noon

Luncheon meeting of Medical Appointees of the Indiana Bell Telephone Company, Kellersaal, Athenaeum.

Luncheon meeting of Section on Public Health and Preventive Medicine, Blue Room, Athenaeum.

Luncheon meeting of Section on Obstetrics and Gynecology, East Room, Athenaeum.

Nu Sigma Nu luncheon meeting, Fraternity Room, Athenaeum.

Thursday Afternoon, October 18

SECTION MEETINGS

All section meetings will begin at 2:00 p.m. and end at 5:00 p.m.

Section on Surgery

(Murat Candidates Room)

SURGERY PROBLEMS OF MIDDLE AGE.

Moderator: RICHARD B. STOUT, M.D., Elkhart.

"Pancreatitis,"

RICHARD R. HUGHES, M.D., Lafayette.

"Duodenal Ulcers,"

NATHANIEL D. EWING, M.D., Vincennes.

Abstract: The discussion will point out some practical maneuvers in the management of the ulcer patient who has become a surgical problem. The factors used in making decisions concerning a plan of treatment for ulcer patients will be stressed and finally an appraisal of the long range results experienced with ulcer patients who have undergone surgery will be made.

"Gallbladder Disease,"

HAROLD D. CAYLOR, M.D., Bluffton.

3:00 to 3:30 p.m.

Time allowed to view exhibits.

"Gastric Ulcer,"

FREDERIC W. TAYLOR, M.D., Indianapolis.

Election of Section Officers for 1957.

Section on Medicine

(Murat Theater)

Moderator: RICHARD N. KENT, M.D., Fort Wayne.

"Headaches,"

PHILIP T. WHITE, M.D., Indianapolis.

"Arrhythmias,"

CHARLES FISCH, M.D., Indianapolis.

3:00 to 3:30 p. m.

Time allowed to view exhibits.

"Rheumatoid Arthritis,"

JOHN S. SCHECHTER, M.D., Indianapolis.

Election of Section Officers for 1957.

Section on Ophthalmology and Otolaryngology

No program planned due to convention of the American Academy of Ophthalmology and Otolaryngology in Chicago.

Section on Anesthesiology

(Egyptian Foyer)

THE CURARE PROBLEM.

Moderator: JOHN P. GRAF, M.D.,
South Bend.

Discussants:

PAUL H. LORHAN, M.D., Kansas
City, Kansas.

CHARLES O. HAMILTON, M.D.,
South Bend.

PAUL A. LITTLEFIELD, M.D.,
Indianapolis.

EUGENE E. SCHMIDT, M.D., Fort
Wayne

3:00 to 3:30 p.m.

Time allowed to view exhibits.

Election of Section Officers for 1957.

Section on General Practice

(Egyptian Room)

Moderator: RUSSELL J. SPIVEY,
M.D., Indianapolis.

"The Common Variants of Epilepsy,"

WALTER C. ALVAREZ, M.D., Chi-
cago.

Abstract: There are probably 1,500,000 epileptics in this country. Only one epileptic in twenty complains of fits. Millions suffer from a violent temper, jittery spells, feelings of hostility and insecurity, depressions, nightmares, fear of going insane, alcoholism, headaches, and sexual troubles. Today all but a few of these many persons go through our offices unrecognized for what they are. Many could be greatly helped with Dilantin.

3:00 to 3:30 p.m.

Time allowed to view exhibits.

Election of Section Officers for 1957.

Section on Obstetrics and Gynecology

(East Room, Athenaeum)

12:00 noon

Luncheon meeting.

2:00 p.m.

Roundtable.

Moderator: CARL HABICH, M.D.,
Indianapolis.

Discussion leader: RALPH A. REIS,
M.D., Chicago.

*"Re-evaluation of Endocrine Therapy in
Obstetrics and Gynecology,"*

RALPH A. REIS, M.D., Chicago

DAVID A. BICKEL, M.D., South Bend

C. O. McCORMICK, Jr., M.D., Indian-
apolis

PIERCE MacKENZIE, M.D., Evansville

3:00 to 3:30 p.m.

Time allowed to view exhibits.

Election of Section Officers for 1957.

Section on Public Health and Preventive Medicine

(Little Auditorium, Athenaeum)

12:00 noon

Luncheon meeting. (Blue Room)

2:00 p.m.

Moderator: WILSON L. DALTON,
M.D., Shelbyville.

*"Public Health and the Practicing Phy-
sician,"*

LEROY E. BURNEY, M.D., Surgeon
General, United States Public
Health Service, Washington, D. C.

3:00 to 3:30 p.m.

Time allowed to view exhibits.

Election of Section Officers for 1957.

4:00 p.m.

Exhibits close.

Thursday Afternoon, October 18

5:30

Reception for members of Fifty-Year
Club, Monte Carlo Room, first floor,
Continental Hotel (410 N. Meridian
Street).

Chairman: WALTER F. KELLY, M.D.,
Indianapolis.

Thursday Evening, October 18

7:00 p.m.

Annual dinner, Ballroom, Indianapolis
Athletic Club.

Presiding officer, WALTER URBAN
KENNEDY, M.D., president, Indiana
State Medical Association.

Invocation.

Recognition of Fifty-Year Club mem-
bers.

Award to Physician of the Year.

Speaker: WALTER C. ALVAREZ,
M.D., Chicago.

*"Common Problems of the Doctor and
His Wife."*



DR. ALVAREZ

(Banquet program continued on Page 1248)



Jack Pyle

Entertainment: Jack Pyle, the debonair deceiver, who presents something entirely new in magic plus a demonstration of the most amazing photographic memory. The audience participates in the act and they love it. Nationally known master of ceremonies who injects good rich comedy into his act.

Presentation of plaque to WALTER U. KENNEDY, M.D., president 1956, by Elton R. Clarke, M.D., president 1957.

DON'T MISS THE ANNUAL BANQUET — THERE'LL BE DOOR PRIZES IN ADDITION TO THE FINE ENTERTAINMENT.

WOMEN'S ENTERTAINMENT

Mrs. Ralph Everly, General Chairman

Tuesday, October 16

- 8:30 a.m. Registration starts, lounge room, Murat Temple.
- 9:00 a.m. Golf, rain or shine, Meridian Hills Country Club, followed by Dutch Treat lunch.
- 6:00 p.m. Dinner, honoring past presidents of the Woman's Auxiliary to the Indiana State Medical Association, Kellersaal, Athenaeum. Mrs. William R. Tindall, Shelbyville, president, presiding.
- 8:15 p.m. Entertainment, in conjunction with the Indiana State Medical Association, Murat Theater.
 1. Physicians' orchestra from Lafayette and Indianapolis.
 2. Comedy act.

Association, Columbia Club. Members and guests welcome.

- 12 noon Luncheon and Style Show, Ballroom, Columbia Club. Door prizes.

- 8:00 p.m. Entertainment, in conjunction with the Indiana State Medical Association, Murat Theater.

INDIANAPOLIS SYMPHONY ORCHESTRA, featuring Bobby Hackett and his musical group (directly from New York).

Wednesday, October 17

- 8:30 a.m. Registration continues, lounge room, Murat Temple.
- 9 to 10 a.m. Coffee hour, Columbia Club.
- 10:00 a.m. Board meeting for all officers, Woman's Auxiliary to the Indiana State Medical

Thursday, October 18

- 8:30 a.m. Registration continues, lounge room, Murat Temple.
- 10:30 a.m. Tour of POWERAMA. Busses will leave Columbia Club promptly at 10:30.
- 1:00 p.m. Luncheon, served by Allison's following which busses will return to Circle.
- 7:00 p.m. Annual dinner, in conjunction with the Indiana State Medical Association, Ballroom, Indianapolis Athletic Club.

TICKETS FOR ALL EVENTS MAY BE PICKED UP AT THE REGISTRATION DESK.

Scientific Exhibits

Exhibit 1.

Exhibitor: S. William Simon, M.D., Allergy Clinic, Brown General Hospital (VA), Dayton, Ohio

XANTHINE EVALUATION WITH R. I.

Drawings and photographs illustrating the method of obtaining the respiratory index (Gross). Charts showing the correlation of the amount of dyspnea with the numerical value of the index and the usual etiological causes of these various values. Charts showing the use of this respiratory index in the evaluation of various xanthine drugs used in chronic asthmatic bronchitis, pulmonary emphysema, etc., compared with placebos in the same patients.

Exhibit 2.

Exhibitor: U. S. Department of Health, Education and Welfare, Public Welfare Service, 69 W. Washington Street, Chicago 2, Illinois (Harold M. Graning, Regional Medical Director)

OPPORTUNITIES IN THE U. S. PUBLIC HEALTH SERVICE

The exhibit "Opportunities in the U. S. Public Health Service" represents a recruitment effort of the Service to expand its Reserve and Regular Corps to meet the emergency needs of the country and to maintain the Service's regular mission of discovering and applying knowledge for the prevention and control of disease and the improvement of health.

As a member of the Regular Commissioned Corps, the professionally trained person may have a career in clinical medicine in the hospitals or in foreign quarantine service; in research in the Nation's largest research organization or in preventive health practice. The Commissioned Reserve offers professional personnel an opportunity to serve their country in the event of a national emergency in the capacity for which their training and experience fit them, and a member of the Reserve will be called to duty primarily to reinforce the staffs of official State and local health agencies and to augment the Public Health Service operating staff. Appointments to the Regular Commissioned Corps and Reserve are available to qualified persons and descriptive literature and application forms may be obtained at the exhibit booth.

JOHN L. ARBOGAST, M.D., Indianapolis, Chairman
JACK E. PILCHER, M.D., Indianapolis
A. W. RATCLIFFE, M.D., Evansville
JOSEPH L. HAYMOND, M.D., Indianapolis

Exhibit 3.

Exhibitor: A. W. Humphries, M.D., V. G. DeWolfe, M.D., F. A. LeFevre, M.D., Cleveland Clinic Foundation, 2020 E. 93rd Street, Cleveland 6, Ohio

ARTERIAL GRAFTING

This exhibit analyzes the results of 150 consecutive cases of major arterial grafting in terms of immediate and late results. The typical history and physical findings are noted and examples of angiography are shown.

Exhibit 4.

Exhibitor: Muscular Dystrophy Associations of America, Inc., 1790 Broadway, New York, New York (Tobey Cohen)

MUSCULAR DYSTROPHY ASSOCIATIONS OF AMERICA, INC.

Exhibit 6' x 9' consists of 3 panels. Left panel shows what MD does. The center panel consists of a screen behind which is an automatic projector that shows a series of 12 color slides—in rotation—on various aspects of disease. Right panel deals with common forms of muscular dystrophy (onset, course and direction) and with differential diagnosis.

Exhibit 5.

Exhibitor: Nathaniel D. Ewing, M.D., 14 North 3rd Street, Vincennes, Indiana

Co-Exhibitor: Bart Corsentino, M.D.

SCOUT FILMS OF ABDOMEN

In order to demonstrate the value of the plain roentgenogram of the abdomen in the diagnosis of acute abdominal conditions the exhibitors have assembled a collection of examples of scout films of the abdomen in acute abdominal conditions. There are typical examples of the four major patterns seen in K.U.B.'s of the acute abdomen; i.e. (1) air patterns inside the gastrointestinal tract, (2) air patterns outside the gastrointestinal tract, (3) soft tissue shadows, (4) calcific densities. The films were selected to demonstrate the usual conditions seen and not the very rare conditions. There is also a group of "unknowns" with covered diagnosis so that the viewer can attempt to read a few typical films. The purpose of the exhibit is to point out to the physician the

value of this simple x-ray survey of the abdomen and to acquaint him with a few basic considerations when viewing the films without the immediate help of a radiologist.

Exhibit 6.

Exhibitor: National Foundation for Infantile Paralysis, 120 Broadway, New York 5, New York (Hart E. VanRiper, M.D.)

PROFESSIONAL EDUCATION PROGRAM

The exhibit describes the program of the Division of Professional Education of the National Foundation for Infantile Paralysis of Grants, Scholarships and Fellowships, exhibits, films and publications produced for the use of professional personnel.

Exhibit 7.

Exhibitor: Philip A. Boyer, Jr., M.D., Pitman-Moore Company, P. O. Box 1656, Indianapolis 6

Co-Exhibitors: B. E. Abreu, M.D., and Dr. H. J. Florestano

DYCLONINE: A TOPICAL ANESTHETIC WITH ANTIMICROBIAL PROPERTIES

The exhibit shows charts demonstrating (1) the structural formula with the ketone linkage, not found in other local anesthetics; (2) surface anesthetic activity and other pertinent pharmacological properties; (3) the in vitro antimicrobial potency, which is greater than that of phenol; and (4) clinical unity and safety when used as a topical anesthetic on the skin and mucous membranes as reported by investigators in several medical specialties.

Exhibit 8.

Exhibitor: Indiana Tuberculosis Association

MISSED DIAGNOSES

The case histories of patients with pulmonary ailments, complete with x-ray films, are shown. All the doctor has to do is make the diagnosis. Then if he wants to check himself, he may "lift the lid" and see whether he hit or missed the diagnosis. To complicate matters for the general practitioners, the cases presented avoid the obvious and represent difficult or unusual situations.

Exhibit 9.

Exhibitor: Indiana Pharmaceutical Association (Henry G. Heine), Indianapolis 4

THE TRANQUILIZERS

Exhibit 10.

Exhibitor: Mrs. Jack E. Shields, Woman's Auxiliary, ISMA

Co-Exhibitors: Mrs. Otis Bowen, Mrs. Frank Hall, Mrs. Myers Deems, Mrs. Fred Houston

TODAY'S HEALTH

Members of the Woman's Auxiliary will have a display of Today's Health and will accept subscriptions throughout the convention.

Exhibit 11.

Exhibitors: C. Basil Fausset, M.D., and Karl L. Manders, M.D., 2901 North Meridian Street, Indianapolis 8, Indiana

NEW TREATMENT FOR PARKINSON'S DISEASE AND METASTATIC CARCINOMA

The relatively new procedures of Chemopallidectomy for Parkinson's Disease and Hypophysectomy for metastatic carcinoma and diabetic retinopathy are demonstrated.

Chemopallidectomy may give marked relief in those patients suffering from Parkinson's Disease who are intractable to medical therapy. A discussion of the indications, technique of surgery, and results, using photographs and pictures, is presented.

Metastatic carcinoma of the breast and prostate, as well as diabetic retinopathy, have been shown to be aided in carefully selected cases with the performance of a complete hypophysectomy. Indications, techniques, and results of this procedure are presented.

Exhibit 12.

Exhibitor: Indianapolis Diabetes Association, Inc., c/o Dr. Charles E. Test, 1002 Hume Mansur Building, Indianapolis 4, Indiana

A SUMMER CAMP FOR DIABETIC CHILDREN

Beginning in the summer of 1955, a summer camp for diabetic children—"Camp Riley"—has been in operation at Bradford Woods near Martinsville, under the sponsorship of the Indianapolis Diabetes Association. This is the first such camp in the state of Indiana, although similar camps have been operated elsewhere in the United States for many years.

Children with diabetes mellitus are not accepted in most regular summer camps, because the necessary facilities and personnel for proper medical care are not available. At Camp Riley, complete medical supervision is assured by the presence of a full-time resident physician, one or more graduate nurses, a trained graduate dietitian, and laboratory facilities for complete rou-

tine blood and urinalysis, as well as blood glucose determinations.

The regular camping staff for the past two years has been under the direction of Mr. Herbert Montgomery of Newcastle, Indiana.

Members of the Indianapolis Diabetes Association make daily visits to the camp during its summer session to insure adequate medical supervision, and one member of the Association serves as medical director.

We urge the doctors of Indiana to take advantage of this opportunity to give diabetic children a wonderful summer vacation.

Exhibit 13.

Exhibitor: Arthur B. Price, M.D., Chief Medical Consultant, Social Security Administration, Baltimore, Maryland

SOCIAL SECURITY PROGRAM

Exhibit 14.

Exhibitor: William H. Cordell, Indiana Division, American Cancer Society, Board of Trade Building, Indianapolis 4

20 NEW CANCER FILMS FOR PHYSICIANS

Information relative to 20 new kinescopic films, with complete summary of each presentation, will be available at the exhibit of the Indiana Division of the American Cancer Society. A detailed article concerning these films has been prepared by Dr. Don D. Bowers, chairman of the Professional Education Committee of ICS, and is published on page — of this issue.

Exhibit 15.

Exhibitor: Penelope Sprague

HEART VALVES IN ACTION

"Heart Valves in Action" is a demonstration exhibit. The purpose of the exhibit is to show clearly two valves of the heart in action. The exhibit con-

sists of a "water tower," to hold a can filled with water; a half horsepower motor to pump the water by pressing on a rubber bulb; and a pig's heart tied to a ring stand with plastic viewers and tubing running into the left auricle and from the aorta opening. A tube also goes into the apex of the left ventricle. This tube is from the rubber bulb.

The water, used in place of blood, runs downward from can to a joint where some goes directly to the heart. The rest goes through a one-way valve to rubber bulb in a lever. The motor and reduction gear with attached oblong piece strikes the lever which presses bulb forcing water through tube into apex of left ventricle. This causes bicuspid valve to close and aorta valve to open letting water flow back to can. Through the bicuspid valve more water flows into heart. The bulb refills and the cycle is repeated.

Exhibit 16.

Exhibitor: Indiana Heart Foundation, 615 North Alabama St., Indianapolis (T. E. Kleckner, executive secretary)

EXHIBIT OF MODELS

An exhibit showing 13 models of the various pathological entities encountered in cardiology will be presented by the Indiana Heart Foundation.

Exhibit 17.

Exhibitor: United Cerebral Palsy Association.

Exhibit 18.

Exhibitor: The JOURNAL of the Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4.

THE JOURNAL staff invites members and guests to visit its booth during the convention. Current periodicals of interest to the profession will be displayed. A medical dictionary and membership rosters may be referred to at THE JOURNAL booth. Make our booth your meeting place.



'Thorazine' relieved this patient's anxiety, tension and fear and made it possible for him to return to work.

'THORAZINE' CASE REPORT

patient: Anxiety, tension, and a fear of going out alone made it impossible for this 36-year-old man to work. After other treatments had failed he was given 'Thorazine'.

response: "On 'Thorazine' medication, 100 mg. orally, daily, his anxiety and apprehension disappeared rapidly. The patient was able to go out alone and to work once again. His mood was actually gay and his co-workers were surprised at this change. He was now free from care whereas before he had been distressed by the slightest difficulty."

This case report is from the files of a general practitioner.

THORAZINE*

Available in ampuls, tablets and syrup (as the hydrochloride), and in suppositories (as the base).

Smith, Kline & French Laboratories, Philadelphia

'Thorazine' should be administered discriminately and, before prescribing, the physician should be fully conversant with the available literature.

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

Reports of Officers

THE EXECUTIVE SECRETARY

Where do we go from here? Might be an appropriate question in view of the many developments during the year 1956 which have an impact upon the medical profession and the practice of medicine. As one thinks back over the years one conclusion can be drawn, and that is that while many of the issues touching upon the practice of medicine are the same as those which have faced the profession for many years, new developments are taking place which may have far-reaching effect upon the practice of medicine tomorrow.

Your headquarters staff has been exceedingly busy this past year in handling the details of policy decisions which have been handed down by the policy-making bodies of the Association and in carrying out the work of the various committees of the Association. It is quite evident if the load continues to grow it will be necessary to add additional personnel to handle the increasing work load.

Perhaps the most far-reaching development of the year is the action of the Congress in passing Public Law 569, to provide medical care for dependents of military personnel, and now being developed under the nomenclature "MEDICARE".

Your secretary, with the approval of the executive committee, accepted the appointment of the AMA Board of Trustees to become a technical advisor to the Hussey Committee and the Department of Defense in working out the many intricate details of this new program.

At this point the government expresses a sincere interest in developing this program in a way which will provide the highest type of medical care to those eligible under the program, yet in a way which will be acceptable to good medical practices. As draft after draft of the operating regulations are being prepared, representatives of the AMA are on hand to consult and suggest procedures of operation and terminology which will afford protection to the private practice of medicine.

It has been pointed out by the military that they face a tremendous and costly turnover annually in the military forces. This is attributed by them to the fact that they are in no position to compete with private enterprise in the way of wage scales, and more particularly in the provision of the so-called fringe benefits which have been developed throughout industrial and labor circles during the past few short years. Therefore, they state, it is their belief that the offering of medical care to dependents of military personnel will have the effect of encouraging increasing acceptance of the Armed Forces of this nation as a career for many of the nation's youth.

This issue has not been a new one, as it has been talked of for several years, and during the meeting of the AMA House of Delegates in Miami in December 1954 the House adopted a resolution which in effect stated that if the government was going to provide medical care to dependents of military personnel, then the free choice of physician should be maintained. This, the government contends, is what it is attempting to do under this program.

Detailed reports on this matter have been made to the Executive Committee and it is hoped further report may be forthcoming during the convention.

It is apparent legislation is becoming a more important aspect of medical organization activities each year. Therefore, if I may say so in behalf of the Committee on Public Policy and Legislation, it is necessary that the members of the Association give their whole-hearted support and assistance to the difficult job being done in behalf of the members by this committee. This will be especially important during the 1957 session of the State Legislature.

There are many committees and their activities which I would like to comment upon and call attention to the outstanding work being done by these committees, but each has prepared and submitted to you a report and I am sure your inspection of the activities of these committees will prove gratifying to you.

On behalf of the Staff of your Association I wish to express our sincere appreciation to the Association for their thoughtfulness in providing a retirement plan for those who have devoted long years of service to the organization.

Since last year, additional space in the building has become available and THE JOURNAL has been moved into another suite which affords a much better operation. In addition the Indianapolis Medical Society gave up their room so that the Association could take over the space which adjoined the headquarters office. The Executive Committee has equipped the office with facilities which will allow the holding of the great majority of our committee meetings in the headquarters office rather than in hotels and elsewhere.

In closing, I would like to express my appreciation to the loyal staff, for their untiring efforts to carry on the many responsibilities of the headquarters office. We all join in expressing to the members of the Association our thanks for their many kindnesses and their splendid cooperation. It is our hope we have fulfilled the wishes of all who have had occasion to call upon us.

JAMES A. WAGGENER, Executive Secretary

Erythromycin in the treatment of osteomyelitis

8/3/55

CASE SUMMARY

On 6/2/55, patient, male, age 28, fell on an old fracture and refractured the middle third of the right femur, superimposed on an old osteomyelitis.

On 7/7/55, the wound was saucerized and a hemolytic *S. aureus* (coag. +) was isolated from the osteomyelitis. Disc sensitivities were: penicillin, 10 units; erythromycin, 10 mcg.; tetracycline, 10 mcg.

On 7/15, the patient was placed on erythromycin therapy 400 mgm. q. 6. h. Patient afebrile after erythromycin started. X-rays showed evidence of healing with callus formation. No septicemia and clinical evidence indicates control of the infection.

On 8/3, the cast was removed and leg recast. Wound was in good condition with minimal drainage.

Diagnosis: fracture middle third of right femur, complicated by osteomyelitis.

Result: erythromycin aided healing of the old osteomyelitis and kept the infection under control.

Specific against
coccic infections

Specific—because you can actually pinpoint the therapy for coccic infections. That's because most bacterial respiratory infections are caused by staph-, strep- and pneumococci. And these are the very organisms most sensitive to ERYTHROCIN—even when in many cases they resist other antibiotics.



Erythrocin[®]
(Erythromycin, Abbott)
STEARATE

With little risk of
serious side effects

Low toxicity—because ERYTHROCIN rarely alters intestinal flora. Thus, your patients seldom get gastroenteral side effects. Or loss of vitamin synthesis in the intestine. Virtually, no allergic reactions, either. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.), bottles of 25 and 100. *Abbott*



Erythrocin[®]
(Erythromycin, Abbott)
STEARATE

® Filmtab—film-sealed tablets; pat. applied for

TREASURER’S REPORT

Since January 11, 1956, when the auditors submitted their annual report for 1955, \$30,000 surplus from the General Fund has been invested in 90-day United States Treasury Bills at 2.52% interest. These bills will mature August 9, 1956, and will be automatically reinvested.

The total investments in the General Fund now amount to \$241,000.00.

Also, since the first of 1956, \$4,000.00 received from matured bonds in the Medical Defense Fund, and \$4,000.00 surplus from the Medical Defense Fund checking account, have been invested in United States Treasury Bonds at 2¾ %, bringing the total securities in the Medical Defense Fund up to \$23,000.00.

On May 9, 1956, as directed by the House of Delegates, the Student Loan Fund was established at the Indiana National Bank, with the transfer of \$10,000.00 from the General Fund checking account to this Loan Fund. On May 10, 1956, \$5,000.00 was withdrawn from the Loan Fund and invested in United States Treasury Bills at 2.52%, with maturity in 90 days. To date the only expenditures from this fund have been \$85.80 for printing of application forms and \$24.45 for printing checks.

The specific amounts invested in various Government securities, as well as the bank balances as of June 30, 1956, in the General Fund, the Medical Defense Fund, The JOURNAL Fund, the Student Loan Fund, and the Petty Cash Fund, are listed in the report of the Auditing Committee.

A check was drawn on the General Fund on June 7, 1956, for \$5,865.61, in payment of the first year’s premium on the employees’ retirement insurance.

Following is a detailed report prepared by Geo. S. Olive & Co. of Indianapolis, showing the financial status of the association as of December 31, 1955.

OKLA W. SICKS, M.D., Treasurer.

January 11, 1956

The Council,
Indiana State Medical Association,
Indianapolis, Indiana.

Gentlemen:

We have examined the accounts and financial records of the Indiana State Medical Association as of December 31, 1955, and the statements of income and expense and fund balances for the year then ended, on a cash receipts and disbursements basis. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statement of assets, all funds and related statements of income and expense, on a cash receipts and disbursements

basis, present fairly the position of the Indiana State Medical Association at December 31, 1955, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours very truly,
GEO. S. OLIVE & CO.,
Certified Public Accountants.

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION	
Analysis of Increase in Assets, All Funds	
Year Ended December 31, 1955	
TOTAL ASSETS, DECEMBER 31, 1955—	
exhibit B -----	\$258,426.29
TOTAL ASSETS, JANUARY 1, 1955-----	238,049.02
NET INCREASE -----	\$ 20,377.27
Arising from the following sources:	
Excess of operating cash receipts over operating cash disbursements, year ended December 31, 1955:	
General fund—exhibit C:	
Receipts \$121,696.00	
Disbursements__ 100,609.21	
	\$ 21,086.79
The Journal of the Indiana State Medical Association—exhibit D:	
Receipts 52,126.79	
Disbursements__ 51,273.14	
	853.65
Medical Defense Fund—exhibit E:	
Receipts__ 4,966.36	
Disbursements__ 6,529.53	
	(1,563.17)
NET INCREASE -----	\$ 20,377.27

Exhibit B

INDIANA STATE MEDICAL ASSOCIATION	
Statement of Assets, All Funds,	
at December 31, 1955	
GENERAL FUND:	
Cash on deposit—exhibit C--	\$ 13,497.53
Petty cash fund -----	1,500.00
Investments:	
U. S. Treasury bonds -----	\$115,000.00
U. S. Saving bonds -----	96,000.00
	211,000.00
	225,997.53
* Deduct: Due to medical Defense fund -----	25.00
Total general fund-----	\$225,972.53

THE JOURNAL OF THE IN-
DIANA STATE MEDICAL
ASSOCIATION:

Cash on deposit—
exhibit D----- 6,932.62

MEDICAL DEFENSE

FUND:

Cash on deposit—exhibit E 8,496.14
Investments
U. S. Treasury
bonds ----- 5,000.00
U. S. Savings
bonds ----- 12,000.00

17,000.00
Add: Due from
general fund 25.00

Total Medical Defense fund 25,521.14

TOTAL ASSETS, ALL FUNDS—exhibit A \$258,426.29

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION
Comparative Statement of Cash Receipts and Dis-
bursements, Years Ended December 31, 1955, and
December 31, 1954

GENERAL FUND

	Year Ended		
	Dec. 31, 1955	Dec. 31, 1954	Increase (Decrease)
CASH BALANCE AT BEGINNING OF YEAR -----	\$ 37,410.74	\$ 20,602.36	\$ 16,808.38

RECEIPTS:

Membership dues -----	103,340.00	100,883.00	2,457.00
Income from exhibits -----	13,150.00	20,705.00	(7,555.00)
Interest income--	4,718.00	5,104.00	(386.00)
Instructional courses -----	485.50	513.00	(27.50)
Sale of book "One Hundred Years of Indiana Medicine" -----	2.50	-----	2.50
Total—exhibit A	121,696.00	127,205.00	(5,509.00)
Redemption of securities -----	5,000.00	30,000.00	(25,000.00)
Total receipts --	126,696.00	157,205.00	(30,509.00)

BEGINNING BAL-
ANCE PLUS
CASH

RECEIPTS -----	164,106.74	177,807.36	(13,700.62)
----------------	------------	------------	-------------

DISBURSEMENTS:

Transfer of appli- cable portion of dues to The Journal of the Indiana State Medical Associa- tion—exhibit D--	11,382.00	11,370.00	12.00
Medical Defense fund—exhibit E	4,552.50	4,450.00	102.50
Premium on pur- chase of securi- ties -----	21.52	-----	21.52

Headquarter's office expense ---	51,785.19	46,165.76	5,619.43
Publicity Com- mittee -----	590.17	693.58	(103.41)
Public policy -----	4,780.24	802.97	3,977.27
Council -----	983.40	1,717.47	(734.07)
Officers -----	4,191.99	4,196.55	(4.56)
Annual session ---	11,285.19	16,834.23	(5,549.04)
Standing commit- tees -----	9,011.25	21,991.85	(12,980.60)
Special commit- tees -----	1,147.05	909.51	237.54
Federal insurance contributions tax -----	482.40	380.86	101.54
Indiana unemploy- ment compensa- tion and excise tax -----	72.01	64.17	7.84
Fifty-year Club ---	321.60	330.07	(8.47)
Women's Auxiliary to I.S.M.A. -----	-----	10.10	(10.10)
Six-state confer- ence -----	-----	(22.00)	22.00
General practition- er award -----	2.70	1.50	1.20
Increase in petty cash fund -----	-----	500.00	(500.00)
Total—exhibit A	100,609.21	110,396.62	(9,787.41)
Purchase of securi- ties -----	50,000.00	30,000.00	20,000.00
	150,609.21	140,396.62	10,212.59

CASH BALANCE

AT END OF YEAR -----	\$ 13,497.53	\$ 37,410.74	\$(23,913.21)
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Exhibit D

INDIANA STATE MEDICAL ASSOCIATION
Statement of Cash Receipts and Disbursements,
Year Ended December 31, 1955

THE JOURNAL OF THE INDIANA STATE MEDICAL
ASSOCIATION

BALANCE, JANUARY 1, 1955-----\$6,078.97

RECEIPTS:

Subscriptions—members— exhibit C -----	\$11,382.00
Subscriptions—non-members --	571.00
Advertising -----	37,413.63
Collections on accounts re- ceivable -----	161.20
Single copy sales -----	173.75
Sale of reprints -----	2,409.80
Sale of scrap metal -----	15.41
Total receipts—exhibit A---	52,126.79
	\$58,205.76

DISBURSEMENTS:

Salaries -----	10,090.00
Printing and reprints -----	35,768.83
Office expense -----	736.97
Electrotypes -----	2,046.83
Press clippings -----	142.70
Rent and electricity-----	635.36
Postage -----	922.50
Telephone and telegraph -----	256.90
Federal insurance contributions -----	181.80
Indiana employment compen- sation tax and excise tax---	31.56
Blue Cross hospital insurance -----	82.80

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Copyright fees -----	48.00
Miscellaneous supplies -----	18.30
Envelopes -----	132.30
Photographs -----	71.05
Miscellaneous -----	107.24

Total disbursements—	
exhibit A -----	51,273.14

BALANCE, DECEMBER 31,	
1955—exhibit B -----	\$ 6,932.62

Exhibit E

INDIANA STATE MEDICAL ASSOCIATION
Statement of Cash Receipts and Disbursements,
Year Ended December 31, 1955
MEDICAL DEFENSE FUND

BALANCE, JANUARY 1, 1955---	\$ 8,059.31
-----------------------------	-------------

RECEIPTS:

Transfer of applicable portion of dues from the general fund—exhibit C -----	\$ 4,552.50
Interest -----	413.86

Total—exhibit A -----	4,966.36
Redemption of securities ---	2,000.00

Total receipts -----	6,966.36
	15,025.67

DISBURSEMENTS:

Malpractice fees -----	3,402.03
Attorney fees -----	3,090.00
Treasurer's bond -----	37.50

Total disbursements—	
exhibit A -----	6,529.53

BALANCE, DECEMBER 31,	
1955—exhibit B -----	\$ 8,496.14

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1. Cronheim, G., and Toekes, I. M.; Comparison of Sedative Properties of Single Alkaloids of Rauwolfia and Their Mixtures, Meet. Am. Soc. Pharmacol. & Exper. Therap., Iowa City, Iowa, Sept. 5, 1955.

2. Moyer, J. H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. 96:530 (Oct.) 1955.

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CHAIRMAN OF THE COUNCIL

As minutes of all Council meetings held the past year have appeared in *THE JOURNAL* and are being submitted to the Reference Committee for its information, it is unnecessary to go into detail on Council actions. Only a few of the major decisions of the Council will be mentioned.

MEDICAL EDUCATION FOUNDATION

The chairman of the committee has kept the Council fully informed of the progress of this activity. The Council set a goal for \$50,000 for this year, but members are contributing the smallest amount in the history of this program. We have therefore urged that activity be increased and that counties take a more active interest in urging their members to contribute to this worthwhile cause.

AMA MEMBERSHIP

The Council has had it called to their attention that membership in the State Association has reached an all-time high, and that 196 of our members are not members of the AMA. We have therefore urged each component society and our field men to work toward increasing our AMA membership to over 4,000 so we will be entitled to another delegate to the AMA.

AUDITOR'S REPORT

The Council has received the report of the auditor and finds the Association financial affairs in proper order. The report is reproduced for review by the membership and this House of Delegates.

STUDENT LOAN FUND

THE Council has completed establishing the Student Loan Fund in accordance with the action of the 1955 session of the House of Delegates. To date three loans have been made and four applications are pending.

PRECEPTOR PROGRAM

The Council authorized the chairman of the Subcommittee on Preceptorships to visit the University of Pennsylvania to study the operation of their preceptorship program.

PUBLIC RELATIONS—SCIENCE FAIRS

The Council has been in close contact with the activities of the Committee on Public Relations and did appropriate \$3,500 to defray the expenses of sending the regional science fair winners, their teachers and fair officials to the National Science Fair at Oklahoma City. The Association has received some very fine letters from those who went on the trip, and from school officials which indicates this was a good public relations effort.

VA FEE SCHEDULE

The Committee on Veterans Affairs has reported regularly to the Council and the Council approved the submission of a new contract, which has since been approved by the Veterans Administration.

AUTOPSY CODE

The Council had presented to it a revised Autopsy Procedure Code which was studied and approved.

SOCIAL SECURITY FOR INDIANA PHYSICIANS

The Council authorized a postcard poll of all members of the Association to determine their attitude toward being included in the social security program. Of the 3,613 cards sent out 1,329 stated they were opposed to any form of social security for physicians, while 703 stated they would not object. In this latter category 579 of the 703 qualified their answers by stating providing it was on a voluntary basis and 91 were willing on a compulsory basis.

NORTH CENTRAL BLOOD BANK

This organization appealed to the Association for a \$1,000.00 interest-free loan to assist the work and organization of the Blood Bank. The Council saw fit to make such a loan as the Association is represented on the Board of Directors by Dr. Jene R. Bennett of South Bend.

EMPLOYEES RETIREMENT PLAN

The Council completed arrangements for the employees retirement plan and has placed this program into operation.

EDITORIAL BOARD

The Council has re-elected for another three-year term Drs. George N. Lewis of Gary (general medicine) and Samuel R. Mercer, Fort Wayne (dermatology) as members of *THE JOURNAL* Editorial Board.

MEDICARE PLAN

The Council has received complete information regarding the new Public Law 569 for providing medical care to military dependents, called MEDICARE. Inasmuch as this matter required a decision prior to the meeting of the House of Delegates, the Council took the following action; (1) Informed the government that Indiana would participate, (2) Empowered the Executive Committee of the Association to act as the contracting agent, (3) Selected Mutual Medical Insurance, Inc., (Blue Shield) to act as fiscal agent for the purpose of receiving and paying physicians' charges.

SELECTION OF BLUE SHIELD BOARD MEMBERS

Dr. Bibler, chairman of the Council Reference Committee on Insurance, called attention to the fact that previous action of the House of Delegates regarding terms of members of the Blue Shield Board did not take into consideration the members-at-large on the Board. The Committee brought in the following recommendation which is herewith

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^{*}TRADEMARK

referred to the House of Delegates for action in accordance with the action of the Council.

"That the members at large of the Board of Directors of Mutual Medical Insurance, Inc., shall be nominated by the Indiana State Medical Association Council at the January meeting of each year and that such member shall be limited to two consecutive terms."

The chairman would take this opportunity to thank the members of the Council and the Officers of the Association for their fine cooperation which has permitted the handling of business by the Council with dispatch.

KENNETH L. OLSON, M.D., *Chairman*

Reports from District Councilors

FIRST COUNCILOR DISTRICT

Affairs of the First District have moved along quietly during the year with the component societies not reporting any difficulties of any kind. At the present time plans are being laid for the Annual Meeting of the First District Medical Society to be held in Posey County with William B. Challman, M.D., as the host. This meeting will be on September 20, 1956.

MINOR MILLER, M.D., *Councilor*.

SECOND COUNCILOR DISTRICT

The Second Councilor District has had few problems during the past year. Apparently the problems arising from the Salk Vaccine program have been resolved to almost everyone's satisfaction. The District has been making more effort to increase the standards of the local hospitals and more activity has been shown in staff meetings during the year. Blue Cross representatives have been helpful in attending some of the county meetings

to answer questions and advise us of their new programs.

The Second District Medical Association was entertained by the Daviess-Martin County Medical Society at the Elks Club in Washington, on May 17, 1956. An excellent program had been arranged by President Robert H. Rang, M.D., David Gastineau, M.D., Assistant Professor of Radiology at the I.U. School of Medicine, gave a very interesting discourse on "Radioactive Isotopes". William H. Wood, M.D., clinical director of Norways Foundation Hospital, gave the most comprehensive discussion I had ever heard on the subject "Psychiatry in General Practice".

The meeting next year will be in Greene County and Dr. William F. Craft was elected president of the Second District Society. Dr. J. S. Brown was re-elected secretary for the 34th time.

At the dinner meeting Dr. W. U. Kennedy, President of the Indiana State Medical Association, made a very instructive and entertaining speech concerning the progress of the State Association. Talking with Dr. Kennedy is an inspiration to all physicians interested in the welfare of the medical profession.

The condition of the profession in each county of the Second District is gratifying.

J. H. CROWDER, M.D., *Councilor*.

THIRD COUNCILOR DISTRICT

In line with action taken by the House of Delegates in 1955 each component society of the Third District was asked, through its president, to select one of its members to serve as a public relations chairman. There were two responses: Dr. Cannon for Floyd County and Dr. Keseric for Orange County. Some of us feel that work of this group may become quite important and anticipate a more active interest in the future.

Third District matters for consideration by the Council were relatively few. A resolution from Floyd County concerning a union fee contract was referred to reference committee. A resolution, also from Floyd, concerning autopsy permits as they

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Albert J. Crevello, M.D., Medical Director

Mary F. Hamilton, M.D., Associate

concern the coroner will be presented at the next meeting of the Council. Lawrence County members have been interested in financial aid to medical students who plan to practice in rural areas and the matter has been taken up in Council meetings. Dr. Kerr was suggested as observer on the I.U. Medical School Admission Committee, if that committee so requests. Dr. Paris is the new representative from our District on the Board of Directors of Mutual Medical Insurance.

KEITH HAMMOND, M.D., *Councilor.*

FOURTH COUNCILOR DISTRICT

The Fourth District Medical Society held its fifty-second annual meeting at the Dearborn Country Club in Aurora on May 2, 1956 with the Dearborn-Ohio County Society as host.

The morning was spent with the usual golf tourney and good fellowship. At noon a delicious buffet lunch was served at the club, and the golf and door prizes were awarded.

Delegates held their meeting immediately following the luncheon. Greensburg was chosen as the place for the fifty-third meeting in 1957. Dr. W. C. Callaghan of Greensburg was elected president, and Dr. Robert Porter of Westport was elected secretary for the coming year. Dr. J. E. Dudding of Hope was re-elected councilor, and Dr. G. W. Row of Osgood was re-elected alternate councilor.

Dr. W. U. Kennedy, President of the Indiana State Medical Association, spoke to the delegates and explained some of the important matters before the association. Mr. James A. Waggener, executive secretary, and Mr. Robert Amick, field secretary, spoke of the home office problems.

The scientific program was held at 2:00 p.m. "New Advances in, and Medical Indications for Cardiac Surgery" was the panel discussion presented by cardiac surgeons and cardiologists from Cincinnati. Dr. S. L. Mendez and Dr. J. A. Helmsworth spoke on newer techniques, methods and complications of cardiac surgery. Dr. Daniel Rivers spoke on the medical indications and contradictions of cardiac surgery. Following the presentation of the papers, the meeting was opened for discussion in which the membership as well as the panel members took part.

Following the scientific meeting there was a three hour excursion on Ohio River on a Johnson party boat. This part of the meeting was open to the members, their families and friends, and the pharmacists and their families. A chicken dinner was served on the boat, and music and dancing were enjoyed. There were chairs on the upper deck for observation, and members of the local society pointed out places of historical interest.

This meeting was exceptionally well attended, and the Dearborn-Ohio Society is to be commended for their excellent program and entertainment. The

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Woman's Auxiliary held a separate meeting, and joined the men for the luncheon and the boat trip. Mrs. Julia Tindall, President of the Woman's Auxiliary of the Indiana State Medical Association was a guest of the group. Mrs. Leslie Baker of Aurora was elected councilor for the Fourth District.

J. E. DUBBING, M.D., *Councilor*.

FIFTH COUNCILOR DISTRICT

The Fifth District Medical Society met on June 6, 1956 at the Cataract Lake Yacht Club at Cataract Lake near Greencastle. The Putnam County Medical Society was in charge of arrangements. Guests were Dr. W. U. Kennedy, who spoke briefly on problems of the State Association; Mr. James A. Waggener, executive secretary; Mr. Amick, field secretary; and Mr. Converse of Blue Shield. An interesting program consisting of a panel discussion of obstetrical problems was presented by Drs. Carl Huber, Richard Nay, Glenn Irwin, and L. A. Malone.

At the business session the nominating committee consisting of Drs. Robert Schumaker, chairman, Joseph Bloomer, and C. N. Combs presented the names of Dr. W. D. Britton, Montezuma, for president; Dr. Roy V. Pearce of Terre Haute for vice-president, and Dr. Richard Bloomer of Rockville for secretary. They were unanimously elected. The only other business transacted was a discussion concerning the selection of a candidate to present for consideration for President-Elect of the State Association.

A delicious dinner was served, following which entertainment was presented.

General conditions in the Fifth District have been excellent. No problems have arisen during the past year.

M. C. TOPPING, M. D., *Councilor*.

SIXTH COUNCILOR DISTRICT

The annual meeting was held April 26, 1956 at the Forest Hills Country Club, Richmond. The following officers were elected for the ensuing year: Frank H. Green, M.D., Rushville, president; H. N. Smith, M.D., Brookville, vice-president, and James Franklin Lewis, M.D., Liberty, secretary-treasurer. William R. Tindall, M.D., Shelbyville, continues as alternate councilor. The next meeting is scheduled for April, 1957, at Liberty.

The Sixth District Society endorsed the recommendation of the physicians of Union County as unanimously approved by the Wayne-Union County Medical Society for the name of Dr. Will A. Thompson of Liberty, to be placed in nomination for Physician of the Year Award at the annual meeting of the House of Delegates in October, 1956.

The affairs of organized medicine in Fayette-Franklin, Hancock, Henry, Shelby, Wayne and Union Counties are being conducted with unity of purpose and with each individual physician

sharing his portion of responsibility. Harmony and good feeling prevail.

HARRY PLUMMER ROSS, M.D.,
Councilor.

SEVENTH COUNCILOR DISTRICT

The Seventh District Fall Meeting was held October 5, 1955 in Indianapolis, at the Indianapolis Athletic Club. In the afternoon there was a tour of Eli Lilly & Company Plant.

Dr. Maurice G. Murphy of Morgantown, president, presided at the business meeting and the following officers were elected: Joseph F. Ferrara of Franklin, president; Dr. T. V. Petranoff of Indianapolis, president-elect; Dr. Arthur Records, Franklin, secretary. Several resolutions which were to be presented to the House of Delegates were discussed by the members present.

Following the business meeting more than 500 physicians and their wives enjoyed the hospitality of Eli Lilly & Company at a cocktail hour and dinner-dance. Everyone enjoyed themselves and the district officers wish to thank Eli Lilly & Company for their many kindnesses.

The Spring Meeting was held on May 8th, 1956 at the White Cross Guild Auditorium in Indianapolis, as a joint meeting with the Indianapolis Medical Society. A panel discussion was presented with Dr. Sprague Gardiner acting as moderator. Members of the panel were Drs. C. O. McCormick, Sr.; Lawson Clark, Paul Muller and John Mackey.

The next meeting of the 7th District will be held September 26, 1956 in Franklin. Golf for the men and bridge for the ladies are planned in the afternoon. There will be a business meeting at 5 p.m. at which time there will be election of officers. An outstanding speaker is planned for the evening program.

Two major hospital improvements have been completed in Indianapolis this year. The Memorial Hospital with 35-bed capacity was opened in February, 1956. On August 3 and 4 there was an open house in the new Community Hospital and on August 8 the hospital made available to the Indianapolis area an additional 300 beds. Mr. W. C. McLin is superintendent and Dr. Floyd Boyer has been elected as chief of staff.

Martinsville is making rapid progress in the construction of a new 81-bed hospital at approximate cost of \$1,200,000. It is hoped that construction may start this fall.

Dr. Joseph McGough is a new member of the Morgan County Medical Society.

With availability of additional hospital beds to this area, the general condition of the profession is much improved.

Dr. Glenn Irwin, Dr. O. T. Scamahorn of Pittsboro, Dr. Charles Alvey of Muncie, and Dr. Lester D. Bibler, visited the University of Tennessee School of Medicine May 23 and 24, 1956 and inspected the General Practice Department which is

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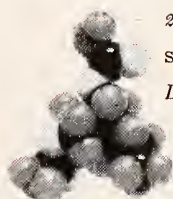
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headed by Dr. Robert Davison. We also attended a joint meeting with the first, second, and third districts of the Arkansas Medical Society at Tyrano, Arkansas. This was a most unusual meeting with three outstanding highlights. One, there were over 2,000 people in this town with a population of only 500. Two, outstanding speakers from all over the United States included Dr. Elmer Hess, President of the American Medical Association, and Dr. David Allman, President-elect of the American Medical Association. Three, the barbecued kid and pig were delicious.

LESTER D. BIBLER, M.D., *Councilor*.

EIGHTH COUNCILOR DISTRICT

The Eighth District meeting was held in Anderson on May 23. Although the councilor was unable to attend, it was understood that the innovation of a social evening instead of a medical program was well received.

The only new District appointment during the year was that of Dr. Wendell Covalt as liaison representative to the Committee on Admissions at the Medical Center.

One of the unsettled problems of the component societies which will receive much attention in the initial fall meetings, is the acceptance or rejection of fee schedules. The action of the House of Delegates may be awaited before local decisions are made, since many feel that the action taken last year may either be reaffirmed or rejected.

GUY A. OWSLEY, M.D., *Councilor*.

NINTH COUNCILOR DISTRICT

In the annual report for 1955 the hope was expressed that the Councilor would have the opportunity of meeting with the component societies. At the Ninth Councilor District Meeting on May 24, 1956, there was no delegate from one of the societies. However, frequent contacts with members of the societies in the District during the year indicate that all of the component Societies are active and several of the Societies have reported active participation in community affairs.

The annual meeting was held at the Frankfort Country Club on May 24, 1956. Dr. J. A. VanKirk, presided over the meeting. The annual golf tournament took place in the morning. The meeting of delegates was addressed by Dr. W. U. Kennedy, President of the Indiana State Medical Association, who discussed the implications of various legislative proposals that were being discussed by Congress at the moment.

Dr. Kenneth O. Neumann, of Lafayette, was elected Alternate Councilor to replace Dr. Harry E. Klepinger, who had served for the past six years and wished to be relieved of the office.

Dr. Dan Tucker Miller, of Benton County, invited the Society to Fowler, for the 1957 meeting

which is to be held at the Benton County Country Club on May 23, 1957.

An excellent scientific program took place during the afternoon. There were addresses by Dr. Richard M. Nay, Dr. A. D. Dennison, Jr., and Dr. Harris B. Shumaker, Jr., all of Indianapolis.

The scientific meeting was followed by a meeting of the Indiana Academy of General Practice.

The annual banquet was held in the evening at the Country Club. Mr. Donald Bruce, noted news commentator from WIRE, gave the address of the evening.

WEMPLE DODDS, M.D., *Councilor*.

TENTH COUNCILOR DISTRICT

The Tenth District held two unusually fine meetings during the past 12 months despite the fact that its elected president, Dr. Wayne Pippenger, moved to another city out of the District shortly after his election, and could not attend and preside at the sessions.

The first meeting was held October 12, 1955 at Phil Smidt's in Whiting. Dr. Ralph Eades, the immediate past president of the District, presided. This was an afternoon-evening meeting for which the program was provided by the Indiana Academy of General Practice. Dr. Francis Land, program chairman for the I.A.G.P. "Road Shows", presented the speakers.

The first speaker, Dr. A. C. Offutt, Indiana State Health Commissioner, discussed the background of research, production and testing of the Salk poliomyelitis vaccine. Dr. Donald Close of Indianapolis, president of the Indiana Heart Foundation, discussed "Rheumatic Fever".

Following a cocktail hour and dinner, Dr. Offutt spoke on the Salk vaccine, explaining the various programs, methods of distribution and regulations governing use of the drug. Dr. Close at the evening session spoke on "Rheumatic Heart Diseases". Both talks were received with considerable enthusiasm and followed by many questions. One hundred twenty physicians were present for the evening session.

The District Auxiliary held a meeting in an adjoining room after having joined the doctors during the dinner and cocktail hour.

During the doctors' meeting the following District officers were elected: Dr. H. M. Baitinger of Gary, president; Dr. Samuel J. Brady of Gary, secretary.

On May 25, 1956 the District Society acted as host to the annual convention of the Central States Society of Industrial Medicine and Surgery, meeting at the Hotel Gary.

This program opened with a tour of the world's largest steel mill, the United States Steel, Gary works plant. One hundred fifty doctors and their wives took this trip. At noon the doctors were entertained at lunch by U. S. Steel. The wives

held an Auxiliary luncheon at the hotel, at which Gary Golden Jubilee favors were presented each lady.

During the afternoon session, attended by nearly 200 doctors, the following unusually excellent papers were presented: Oscar P. Hampton, Jr., of St. Louis, "The Mass Casualty Problem"; Dr. Michael Mason of Northwestern University, "Treatment of Burns in Mass Casualties"; and Dr. Edward L. Compere, "Management of Fractures in Mass Casualties".

In the evening the Industrial Society provided a cocktail party for 150 doctors and wives. Following dinner Dr. Harold Vonachen, president, and Dr. Worley Kendall, medical director, of the Institute of Physical Medicine and Rehabilitation at Peoria, Illinois discussed the potentialities of the rehabilitation center being constructed in Gary.

Due both to the excellence of the presentations and the local interest in the problems presented and discussed during this meeting, considerable interest was shown throughout the day. In all, nearly 400 doctors, wives and guests registered for this meeting, coming from ten different states.

J. PRESTON VYE, M.D., *Councilor*.

ELEVENTH COUNCILOR DISTRICT

Affairs in the Eleventh Councilor District have been in good order during the last year.

A very good report of the 97th Semi-Annual Meeting of the district was published in the August issue of THE JOURNAL. I cannot add anything to this report.

The Fall meeting is scheduled for September 19, 1956, and will be held in Wabash.

At the May meeting your Councilor was reelected and Dr. J. A. Bowers, Kokomo, was renamed to the Blue Shield board.

MAX R. ADAMS, M.D., *Councilor*

TWELFTH COUNCILOR DISTRICT

The annual Twelfth District meeting was held in Fort Wayne May 16 at the Chamber of Commerce. At a short business meeting, Dr. Kenneth L. Olson, Chairman of the Council and representing the Indiana State Medical Association, gave a resume of the current activities of the state association. The councilor gave a report of his activities for the past year. New officers elected were: President, Jules Heritier, M.D., Columbia City; Vice-president, Milton F. Popp, M.D., Fort Wayne; and Secretary-Treasurer, F. B. Kantzer, M.D., Garrett. The third Wednesday in May, 1957 was selected as the date of the next meeting, and tentatively is being planned to be held at Pokagon State Park.

Following a social hour and dinner, members and their wives and guests from the dental pro-

fession, legal profession, and representatives from local newspapers and Farm Bureau were entertained and educated by Dr. Frank Dickinson, economist of The American Medical Association. He gave a very forceful analysis of the Social Security legislation and proposed legislation regarding retirement benefits in the Jenkins-Keough bill. These timely subjects were very ably presented and well received by those present.

MAURICE E. GLOCK, M.D., *Councilor*.

THIRTEENTH COUNCILOR DISTRICT

The Medical Societies comprising the Thirteenth Medical District have been holding regular business and professional meetings during the year. The increase in required attendance at hospital meetings and other meetings of the societies in St. Joseph County has caused a reduction in the number of scientific programs offered by the local Medical Society. The county medical societies in this District had no unusual incident during the year. The supply and demand of the polio vaccine was out of balance which resulted in a great deal of confusion which became less as the supply of vaccine increased and at the present time there is sufficient vaccine available to all of the physicians who desire it for their patients who come under the acceptable group.

The annual meeting of the Thirteenth District was held in South Bend on Wednesday, November 16. The meeting began at 10:00 in the morning at Healthwin Hospital and the physicians who desired it were given a tour of the tuberculosis hospital. The luncheon meeting was held in one of the dining rooms at the hospital and the officers for the year 1957 were elected.

The list of the elected officers is as follows: John C. Richter, M.D., President; R. E. Nelson, M.D., vice-president; O. E. Wilson, M.D., secretary-treasurer; G. O. Larson, M.D., alternate councilor for a period of three years; K. L. Olson, M.D., councilor, term expires December 31, 1956.

After the election of officers, Elton Clarke, M.D., president-elect of the Indiana State Medical Association, gave an interesting talk in regard to the activities of the State Medical Association and of the legislative matters that were of interest to the medical profession. Following this James Waggener, executive secretary, Indiana State Medical Association, gave a report on some of the activities of the headquarters office of the Indiana State Medical Association. Both of these men gave excellent reports and the Society appreciates their being present.

During the afternoon a scientific program was presented which began at 2:00 p.m. The first paper entitled "Tuberculosis" was a review of basic concepts and their application in current practice and possible effects upon the future. This was presented by E. W. Custer, M.D., director of

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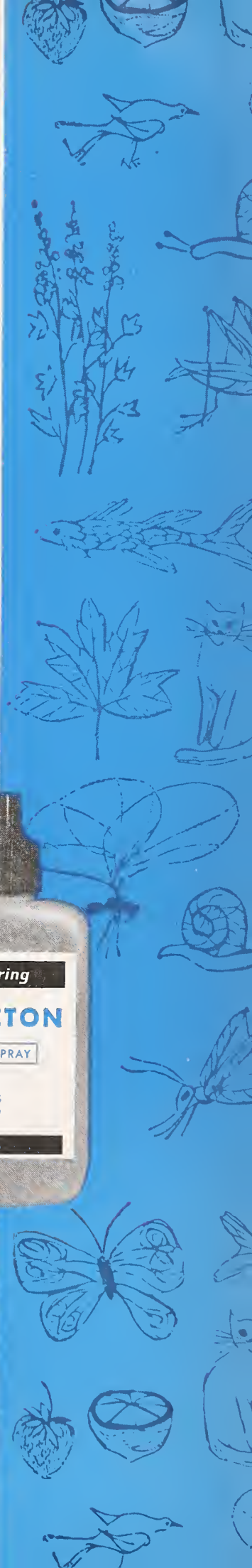
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Healthwin Hospital, Earl Crow, M.D., assistant director, and James W. Wilson, M.D., consulting thoracic surgeon of the Healthwin Hospital. A number of cases were presented showing the beneficial results of pneumonectomy and segmental lobectomy for tuberculosis and tumor.

The next paper on the program was given by Robert O. Levitt, M.D., assistant professor of medicine, University of Illinois, Chicago, entitled "Chronic Non-Tuberculous Pulmonary Diseases" and pointed out the difficulty at times in making differential diagnoses.

The Woman's Auxiliary of the Thirteenth District also had a luncheon meeting and a business meeting and a program in the afternoon. At 5:30

the wives and doctors had a social gathering before the dinner at the Indiana Club.

Following the dinner Oliver Field, director of the Bureau of Investigation of the American Medical Association, gave an excellent talk on "Cancer Quackery". Mr. Field had been kind enough to appear on one of our television stations on a press conference program where he answered questions about his work and particularly about cancer quackery. The program was well received and his speech at the meeting of the District Society was greatly appreciated.

The next annual meeting of the Society will be held on November 21, 1956.

KENNETH L. OLSON, M.D., *Councilor*.

Report of Committees

THE EXECUTIVE COMMITTEE

During 1956 . . .

THIS WAS DONE. . . .

INTERPROFESSIONAL COMMITTEE WITH BAR ASSOCIATION

Was established for the purpose of developing a closer working relationship and a better understanding between the legal and medical professions of Indiana. One of the major goals of this committee is to establish a Code of Ethics between our two professions.

STUDENT LOAN FUND

In accordance with the action of the 1955 House of Delegates the Student Loan Fund has been placed in operation and funds taken from the General Fund to establish the Loan Fund. Applications have been considered by the Committee and loans have been made in accordance with the action of the House of Delegates.

HEALTH SCIENCE FAIRS

By action of the Council, to which this matter was referred by the Committee, the Association participated in the National Science Fair by sending all the regional winners to the National Fair. The Association has received much praise from Indiana school officials, teachers, parents and students as well as many comments from the AMA and National Science Fair Organization for the constructive leadership taken by Indiana in the project. Medical organization participation is growing rapidly throughout the country in this project, and we compliment the Public Relations Committee for their awareness of the tremendous public relations value of this endeavor. We would recommend

that the Association continue its participation in this project.

TEXTBOOK ON OPTOMETRY

The committee had called to its attention the fact that the textbook being used by the I.U. School of Optometry was questionable in some phases of its scientific text. This matter was referred to the Council, and a committee was appointed to discuss these irregularities with the officials of the University. As a result the teaching of this subject has been altered to eliminate the objections raised by the Association.

CODIFICATION OF HOSPITAL LAWS

The committee has cooperated as a consultant with the State Hospital Licensing Council in preparation of a codification of the Hospital Laws of the state.

ADVISORY HOSPITAL AND HEALTH CENTER PLANNING COUNCIL

The committee had referred to it the request for the naming of representatives of the medical profession to serve on this Council. Accordingly, Drs. Kenneth Olson, George May and F. S. Crockett were named as representatives of the Association.

VETERANS ADMINISTRATION FEE SCHEDULE

The committee has cooperated with the Committee on Veterans Affairs and Rehabilitation in revising the contract between the Veterans Administration and the Association and in revising the fee schedule to take into consideration the cost of living increases. This contract and revised schedule was

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submitted to the VA Administration and has been accepted.

JOURNAL FAVORABLY RATED

The editor of THE JOURNAL, Dr. Frank Ramsey, has been in attendance at all meetings of the executive committee, and has reported to us that the Indiana JOURNAL ranked among the top three Journals published by Medical Associations according to a survey made for the State Journal Bureau, American Medical Association.

COST OF JOURNAL PUBLICATION

During the past year the committee has received the third increase in cost of production of THE JOURNAL. It is a well-known fact to all that labor and materials have shown sharp increases in all fields during the past two years. The publisher of our JOURNAL has found it necessary to pass on a share of these increases.

COOPERATION WITH AMA ON HR 7225

The executive committee has been kept fully informed on the progress of this legislation, and has authorized the headquarters office to reproduce and distribute all information to the component societies so that they too might be informed. We are happy to report that both Indiana Senators supported the position of the Association by voting against the amendments to provide total and permanent disability payments at age 50 and to lower the retirement age of women.

TAPE RECORDING LIBRARY

This activity of the Association continues to show growth, and during the past year our headquarters has filled an average of more than 90 requests per month for loans from this library.

INDIANA TRAFFIC SAFETY FOUNDATION

Organizations, under the sponsorship of the Indiana Traffic Safety Foundation, formed an inter-group committee to coordinate the efforts of the various organizations interested in safety promotion. The committee authorized the Chairman of the Traffic Safety Committee to be the representative of the Association on this Foundation.

EMPLOYEES RETIREMENT PLAN

In accordance with the action of the Council the employees' retirement plan has been placed in operation. The plan is designed to reward those who have devoted years of faithful service to the association with a small retirement income at conclusion of twenty-five years of service. The plan requires that an employee serve three years before becoming eligible for participation in the plan. The trustees of the Plan include the Chairman of the Council, Executive Committee chairman, and the Treasurer of the Association.

WASHINGTON MEETING

The President, president-elect, chairman of the Council and co-chairman of the Committee on Pub-

lic Policy and Legislation along with the executive secretary were authorized to attend a meeting with the Indiana delegation in Congress and their secretarial staffs during the annual U. S. Chamber of Commerce meeting. It was the opinion of those in attendance that this was one of the most constructive steps taken in the development of better liaison and understanding between those who represent us in Washington and the Association. It is hoped this program may be continued annually.

MEDICAL ASSISTANCE ASSOCIATION

Following receipt of a communication from the AMA Secretary's office urging states to participate in the organization of Medical Assistant's Associations, the field secretaries made a survey of component societies and it was found there was no objection toward the formation of these groups. The Committee has acted in an advisory capacity in the preparation of a model constitution and bylaws for use in the formation of the State Medical Assistants group.

MODEL WORKMENS' COMPENSATION LAW

As submitted by the U. S. Department of Labor was studied and the Association has been represented at various meetings for discussions of this proposed legislation. The Committee on Industrial Health, Liaison Committee with Labor, and the Committee on Legislation were asked to make a thorough study and report back. Their report was received and a copy was forwarded to the statewide group interested in this proposal. Our report was to the effect we would oppose adopting of the medical care provisions of the model law, believing the present law was preferable.

DEFINITION OF PERMANENT AND TOTAL DISABILITY

At the request of the State Department of Public Welfare the following was submitted as a definition of total and permanent disability: "Total disability is a condition or situation in which a person is by reason of impairment, disease or loss of physical or mental capacity incapable of engaging in useful occupation or employment within the individual's competence, such as job-holding or home-making, and requiring the services of another person whole or part-time. Such disability is permanent if irreversible or progressive and not amenable to treatment by surgery or medical care, or therapy, or requires treatment which is extremely hazardous or of questionable benefit."

HEADQUARTERS OFFICE

The office space in our headquarters has been expanded, new space has been secured for THE JOURNAL to provide sufficient operating space for this publication.

Additional space has been secured adjoining the headquarters office to permit enlarging and establishing a committee room so meetings of our va-

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Bumbalo, T. S., Gustina, F. J.,
and Oleksiak, R. E.:
J. Pediat. 44:386, 1954.

White, R. H. R., and
Standen, O. D.:
Brit. M. J. 2:755, 1953.

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Brown, H. W.:
J. Pediat. 45:419, 1954.

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rious committees may be held in our own headquarters. A complete renovation program is in progress to modernize our headquarters and to provide for greater efficiency in handling the ever-growing demands being placed upon this office.

MEMBERSHIP REPORT

Listed here is a detailed report of membership of the Association. It is called to your attention that the Association has shown a healthy growth in membership and that more members are also joining the American Medical Association. The first column of the report indicates total membership of each component county society as of December 31, 1955. The second column gives the membership as of September 1, 1955 and the third column indicates the membership as of September 1, 1956. The fourth column indicates the number of physicians in each county who are delinquent with their 1956 dues. It should be understood this latter figure not only includes those who have not paid their dues, but also includes those physicians who are members of the respective societies and who are eligible for senior membership, those excused from paying dues because of being in military service and for whom the state office has not received receipts from the county society so stating.

County	December 31, 1955	September 1, 1955	September 1, 1956	Delinquent 1956
Adams	15	15	15	
Allen	236	232	240	
Bartholomew-Brown	35	34	35	
Benton	8	8	7	
Boone	21	21	20	
Carroll	9	9	10	
Cass	36	36	41	
Clark	30	30	30	
Clay	12	12	13	
Clinton	23	23	24	
Daviess-Martin	26	26	26	
Dearborn-Ohio	14	14	14	
Decatur	12	12	12	
DeKalb	20	20	20	
Delaware-Blackford	101	96	106	2
Dubois	20	20	20	
Elkhart	93	94	95	
Fayette-Franklin	24	24	24	
Floyd	36	35	38	
Fountain-Warren	16	16	16	
Fulton	13	13	12	
Gibson	20	18	18	
Grant	55	55	57	1
Greene	19	19	19	
Hamilton	18	18	20	

County	December 31, 1955	September 1, 1955	September 1, 1956	Delinquent 1956
Hancock	17	17	18	
Harrison-Crawford	13	13	14	
Hendricks	17	17	17	
Henry	39	38	38	1
Howard	45	45	47	
Huntington	20	20	23	
Jackson	20	20	22	
Jasper-Newton	19	19	18	2
Jay	18	18	18	
Jefferson-Switzerland	24	23	28	
Jennings	9	9	10	
Johnson	22	21	24	1
Knox	39	39	39	
Kosciusko	14	14	15	
LaGrange	9	9	9	
Lake	360	335	343	8
LaPorte	92	91	87	3
Lawrence	25	25	25	
Madison	102	101	105	
Marion	952	952	969	
Marshall	21	20	23	
Miami	22	22	21	1
Montgomery	30	30	29	
Morgan	17	17	14	
Noble	24	23	26	
Orange	9	9	9	
Owen-Monroe	52	52	55	1
Parke-Vermillion	18	17	23	
Perry	10	10	11	
Pike	6	6	5	
Porter	33	31	32	
Posey	12	12	12	
Pulaski	5	5	6	
Putnam	16	16	16	
Randolph	23	22	23	
Ripley	14	14	13	
Rush	16	16	16	
St. Joseph	219	215	220	1
Scott	3	3	3	
Shelby	19	18	20	
Spencer	9	9	9	
Starke	8	8	7	1
Steuben	13	13	13	
Sullivan	14	14	15	
Tippecanoe	92	92	91	
Tipton	12	12	12	
Vanderburgh	196	194	198	
Vigo	123	122	119	
Wabash	23	23	21	
Warrick	12	12	10	1
Washington	8	8	7	
Wayne-Union	78	76	79	1
Wells	29	29	32	
White	10	10	11	
Whitley	11	11	13	
Total	3,975	3,917	4,015	24

MEDICAL DEFENSE ACTIVITIES

1. Malpractice cases. A year ago, at the time of this report, August 1, 1955, the following five cases were pending before the committee, none of which



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was closed during the year, leaving five cases still pending:

- Case No. 200—Filed February 12, 1932. Pending.
- Case No. 251—Filed September 25, 1942. Pending.
- Case No. 283—Suit filed August 28, 1952. Pending.
- Case No. 285—Suit filed October, 1952. Pending.
- Case No. 288—Filed November 12, 1954. Pending.

Since August 1, 1955, and up to August 1, 1956, the following two new cases have come before the committee, making a total of seven cases pending at the present time as against five unclosed cases at the same time last year:

- Case No. 289—Filed October 15, 1953. Pending.
- Case No. 290—Filed January, 1954. Pending.

2. Medical Defense Fund Statement, from August 1, 1955, to August 1, 1956:

Balance, August 1, 1955		\$ 7,481.09
Receipts:		
Dues: 57—1955 members	-- \$	71.25
3,632—1956 members	--	4,540.00
Interest on bonds		436.35
Matured U. S. Savings Bonds		2,000.00
Matured U. S. Treasury Bonds		2,000.00
		<hr/>
		\$16,528.69
Disbursements:		
Purchase of bonds	----- \$	7,934.53
Salaries, Association Attorneys		3,090.00
Attorney's traveling expenses		62.20
		<hr/>
		11,086.73
Balance, August 1, 1956		<hr/>
		\$ 5,441.96

THE JOURNAL

Advertising—(First 6 months)

	1953	1954	1955	1956
State Journal Advertising Bureau	\$ 7,935.62	\$12,435.63	\$13,486.94	\$14,276.89
Sold Direct by JOURNAL	\$ 4,766.60	\$ 5,302.22	\$ 4,707.07	\$ 5,298.24
Total	<hr/>	<hr/>	<hr/>	<hr/>
	\$12,707.22	\$17,737.85	\$18,194.01	\$19,575.13

Printing Cost

Year	Cost	No. of Pages (Inserts excluded)
1951	\$23,735.75	1,304
1952	26,563.85	1,424
1953	29,531.61	1,520
1954	32,414.02	1,625
1955	33,648.28	1,628
1956 (6 Months)	16,039.57	752

- JAMES W. DENNY, M.D., *Chairman*
- E. H. CLAUSER, M.D.
- W. U. KENNEDY, M.D.
- ELTON R. CLARKE, M.D.
- OKLA W. SICKS, M.D.
- KENNETH L. OLSON, M.D.

COMMITTEE ON CONFERENCE OF MEDICAL SOCIETY OFFICERS

County medical society officers and members from throughout the state met in the Sheraton-Lincoln Hotel, Indianapolis, on March 18, 1956 for

the Annual Conference of Medical Society Officers.

Following opening remarks by Dr. W. L. Dalton, Shelbyville, chairman, and an address of welcome by Dr. Walter U. Kennedy, New Castle, president of Indiana State Medical Association, a talk on "Public Health and the Practicing Physician" was given by Dr. A. C. Offutt, secretary of the Indiana State Board of Health. Other speakers on the morning program were Dr. Wendell C. Stover, Boonville, who presented an outstanding report on the work his AMA committee was doing in connection with a study of the functions of the Joint Commission on Accreditation of Hospitals; and Dr. M. E. Glock, Fort Wayne, chairman of the Committee on Medical Education, who outlined the need for more generous support by physicians of the Medical Education Foundation.

Highlight of the day's program was the address of Leo E. Brown, Director of Public Relations for the American Medical Association, who reported on "What Your Patients Said About You", a first-hand review of the national survey made for AMA on what patients actually feel about the medical profession as a whole.

Others who spoke briefly were Drs. W. L. Porteus, W. U. Kennedy, Elton R. Clarke, J. William Wright and Don E. Wood, and James A. Waggener, executive secretary of ISMA.

It is the concensus of members of the committee that this is one of the worthwhile meetings of the year and county societies are urged to encourage their officers and members to attend and participate in the annual conference.

- W. L. DALTON, M.D., *Chairman*
- JOSEPH F. FERRARA, M.D.
- D. W. ELLIS, M.D.
- RAY THARPE, M.D.
- C. G. KERN, M.D.
- GROVER M. NIE, M.D.
- W. G. PIPPENGER, M.D.

COMMITTEE ON CONSTITUTION AND BY-LAWS

This committee has given consideration to the present wording of the Constitution and By-Laws governing the Association. While it realizes that a continuous study should be made of this subject, the committee has no recommendations for changes at this time.

Consideration was given to the recommendation adopted in October 1955 calling for a study of the organizing of the Councilor Districts and their methods of electing their Councilors. Having received no requests for any suggested changes and no evidence indicating a demand for such study, the committee feels that selection of Councilors should continue to be made by each district, by the method of its own choice.

- E. H. CLAUSER, M.D., *Chairman*
- W. HARRY HOWARD, M.D.
- C. PHILIP FOX, M.D.
- I. C. BARCLAY, M.D.

COMMITTEE ON GRIEVANCES

Our Committee on Grievances has had regularly stated meetings to consider matters referred to it. Fortunately this year we have had no serious cases to consider. Most of the complaints have been rather minor in nature and usually resulted from misunderstandings between the patient and the physician. Our committee has been able to reconcile many of these unpleasant situations by getting the patient and the physician together to reach a common agreement.

We feel that the existence of a committee such as ours is good public relations and inspires confidence in the public that the physicians of Indiana are always willing to listen to and attempt to adjust any and all grievances.

WILLIAM C. REED, M.D., *Chairman*

TRUMAN E. CAYLOR, M.D.

J. WILLIAM WRIGHT, SR., M.D.

A. P. HAUSS, M.D.

C. E. GILLESPIE, M.D.

RAYMOND R. CALVERT, M.D.

P. T. LAMEY, M.D.

LLOYD C. MARSHALL, M.D.

WALTER L. PORTEUS, M.D.

PHILIP B. REED, M.D.

COMMITTEE ON INDUSTRIAL HEALTH

The Sub-Committee of the Committee on Industrial Health of the Indiana State Medical Association has held two meetings regarding the Model Workmen's Compensation Law prepared by the United States Department of Labor. The Committee reviewed the "Discussion Draft of Proposed Model Workmen's Compensation Law" under the sponsorship of Arthur Larsen, Undersecretary of Labor.

We were not completely satisfied with the portion given us for study, Part II (pages 14 through 24) because it made frequent reference to a Director, with no information as to who this personage was. So we obtained a complete manuscript of the proposed law.

We have concluded that our present law in force since 1916, with quite regular changes by each legislature, in accordance with changing conditions, is vastly superior to the proposed "model law" for many reasons.

Under our present law (simplified) the employer is required to provide medical care to injured or ill employees when the injury or illness is attributable to his occupation, and is required to provide his employee with weekly disability pay, adequate to prevent privation, during the time he is disabled, and to compensate him for permanent impairment commensurate with that

impairment. The law is administered by regulation. In the event of dispute regarding relationship of injury or disease to occupation, or amount of disability payment or impairment indemnity, the Industrial Board conducts a regularly scheduled hearing before one of its members and then renders a verdict. Either side, dissatisfied, may appeal for a review of the evidence and further argument before the full Board. From their opinion, either side may appeal to the Appellate Court.

Under this proposed model law the Board enters into an entirely different relationship. The Director is appointed by the Governor for six years, with provision that he not be replaced without cause, but shall serve indefinitely after appointment.

The director is empowered to appoint such officers and employees as he deems necessary and shall establish such branch offices, divisions, sections, advisory medical panels and advisory committees as he deems necessary. He reviews the panel of physicians suggested by the employer for care of his employees and may dictate changes. He determines whether a patient is receiving adequate care and may direct change of treatment or of physicians when he deems it necessary. He may direct a patient to another doctor not on the panel when he deems it necessary. He may direct rehabilitation treatments at the expense of the employer, and continue that care so long as he deems it necessary.

The Director is given dictatorial powers without curbs. The proposed model law is not as well written as our present law. It proposes literally taking the direction of medical care of industrially injured or ill patients out of the hands of the present triumvirate (employer, employee and Industrial Board) and placing all direction into one central authority, the Director (perhaps the term "Leader" is synonymous?) It leaves to the employer no direction as to care of his injured employee and little else except to turn his pocketbook over to the Director for disbursements.

We find nothing in the law that would improve our present well-tried law.

Two members of the Committee have been advanced in the Industrial Medical Association. Dr. Emmett Lamb is now a Director and Dr. Allan Harcourt is a Counselor. We are very happy to see them placed in these positions of honor in the national organization.

E. S. JONES, M.D., *Chairman*

ALLAN K. HARCOURT, M.D.

J. H. CLEVENGER, M.D.

EMMETT B. LAMB, M.D.

RAY T. FOSTER, M.D.

LOUIS W. SPOLYAR, M.D.

L. S. McKEEMAN, M.D.

COMMITTEE ON MEDICAL EDUCATION AND LICENSURE

Your committee on Medical Education and Licensure has met four times this year. On two occasions the Dean of Indiana University School of Medicine appeared, on one occasion members of the Auxiliary attended, and another meeting Drs. Lester Bibler and Glenn Irwin appeared representing the Committee on Preceptorships. One of the members of the committee attended the National Chairmen's Conference of the American Medical Education Foundation in Chicago January 22, 1956. Two members of the committee attended the Annual Congress on Medical Education and Licensure held in Chicago February 11 to 14, 1956.

Liaison with the Indiana University School of Medicine has been close and an excellent state of cooperation exists. The school has graciously consented to add a representative group of practicing physicians as observers to the Committee on Admissions. One member from each district has already been named to this group by the Council. The school has also approved of the presentation of an elective course to be given evenings by practicing physicians regarding office procedures, general practice, ethics, economics, and related subjects. The school is willing to continue cooperation in maintaining the preceptor program and to aid in establishment of an extern training program. The Dean has been unwilling to establish a General Practice Department, except possibly in the field of postgraduate medical education, but following the study by our committee regarding the extern training program, it is hoped that we can present a suggestion to the medical school for establishment of a Department of General Practice containing the elective courses, preceptor training program, extern training program, and possibly some form of a family care program such as is being carried out in a number of schools.

It has long been the feeling of our committee that the preceptor program is not reaching a sufficient number of students, and that if sufficient applicants were available, that a sufficient number of preceptors would not be available. We have felt that an extern training program would offer greater opportunities for training medical students in medical care in smaller communities away from the medical center, in the county and smaller general hospitals. We feel that a program can be set up where the extern would spend most of a three-month period in hospitals as externs but would also be given the opportunity to participate in office practice with several practitioners in the community. A questionnaire has been sent out to each hospital and each county medical society asking how many would welcome such a program and how many would be willing to cooperate in such a program. The compilation of these questionnaires is not as yet available, but will probably be presented as a supplemental report at the state meeting. Due to economic factors and the fact that 80%

of the medical students are married, it will probably not be possible to put in either a preceptor or extern program on a mandatory basis, and both will have to remain as electives.

Aid to the American Medical Education Foundation has continued to be one of our major objectives. Again this year, the goal for our state association was set at \$50,000. We wish to emphasize that this is a *continuing project* and that we must not only encourage our donors to remain active on a yearly basis but also reach the two-thirds of our membership who have not participated in this program. In conjunction with National Medical Education Week in April, we sent out pledge cards to each county medical society for each individual member, with a plea for individual solicitation. We felt that we could not go to the general public for funds for medical schools if the greater portion of physicians did not participate. We invited each county society to send a representative to a meeting held in conjunction with the County Officers Conference on March 18, but only four representatives attended.

In conjunction with the April campaign your committee purchased three copies of the film, "Danger at the Source", and it was hoped that this would be shown before each society, and affiliated groups. Dean John VanNuys prepared a tape recording telling the needs of our own school which is available to every society. In addition, notices were placed in the News-Flash and a brochure was prepared and sent out to each member. The JOURNAL of the Indiana State Medical Association was most cooperative in printing an editorial and several articles and charts showing the need and importance of contributing to this fund.

In spite of the above, response has not reached expectations. From January 1 to June 30 only 434 Indiana physicians have made contributions. The total amount contributed during this period of time is \$13,732.50, which is roughly only 25 percent of our goal. This means that we must continue our campaign for the rest of the year. To do this we are furnishing articles to be printed in The JOURNAL and contemplate a program of individual solicitation of members this fall.

It is interesting to note that at the meeting in Chicago of the state chairmen of the American Medical Education Foundation the chairmen went on record as recommending a nationwide assessment or increase in dues to meet our national goals rather than the voluntary method. In our state, if each member would give \$15.00 annually, we would easily reach our goals. Many members generously give up to \$100 yearly, but this cannot make up for the many who give nothing.

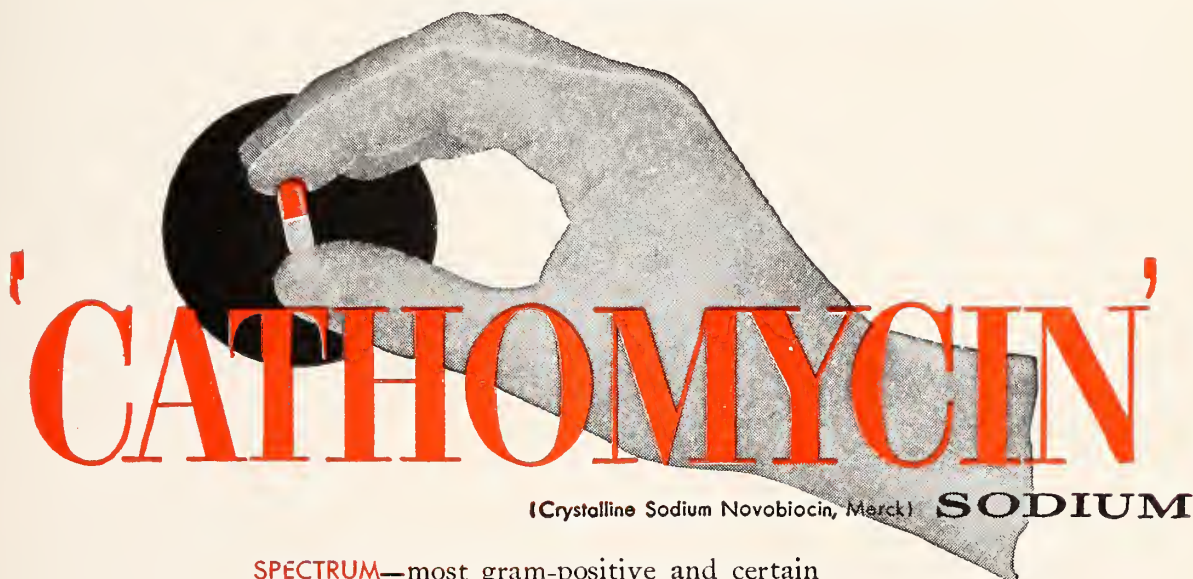
In the field of postgraduate medical education we are continuing to expand our library of recordings and films. We have purchased a film strip projector to use in conjunction with the tape recordings, which should give an improved audio-visual presentation, and we hope to rapidly expand

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this service. At the present time we have in our library about 400 recordings.

In other years we have sponsored a postgraduate course in psychiatry offered by the staff at Norways. This year, in spite of an excellent tentative program and good advance publicity there were only four applicants for the course, and it was cancelled. We hope to revive interest in this and attempt to have the course presented next year.

MAURICE E. GLOCK, M.D., *Chairman*
JAMES W. DENNY, M.D.
H. E. KLEPINGER, M.D.
WENDELL E. COVALT, M.D.
WILLIAM L. DAVES, M.D.

COMMITTEE ON PHYSICIAN-HOSPITAL RELATIONS

On May 16, 1956 four members of the Committee on Physician-Hospital Relations met with members of the Indiana Council for Hospital Licensure and representatives of the Indiana State Board of Health in the Board of Health Building in Indianapolis.

The meeting was called to discuss two northern Indiana county hospitals which, in the opinion of spokesmen for the Board of Health and the Council, have not complied fully with a 10-year old law which requires the organization of a medical staff to work with the Board of Trustees of each hospital in the operation of the hospital and to assure proper care of patients.

Representatives of both hospitals, including administrators, trustees, and physicians using the hospitals, were heard by the Council for Hospital Licensure. Dr. David Adler, Columbus, member of the Council, outlined in detail requirements the two hospitals should meet to comply fully with the Indiana law.

No final action was taken in either case.

Following adjournment of the hearing, Dr. E. H. Clauser, chairman of the Council on Hospital Licensure, asked for opinions from our committee. Dr. Ralph V. Everly, Indianapolis, offered his services to one of the hospitals to try to resolve some of the difficulties, and other members present, Dr. Frank H. Green, Rushville, chairman, Dr. Joseph B. Davis, Marion, and Dr. Francis I. Land, Fort Wayne, made

suggestions to the Council and voiced appreciation of the opportunity to attend the meeting.

FRANK H. GREEN, M.D., *Chairman*
JOSEPH B. DAVIS, M.D.
ROBERT H. RANG, M.D.
RALPH V. EVERLY, M.D.
FRANCIS I. LAND, M.D.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

The Committee on Public Policy and Legislation met on May 6, 1956 jointly with the Committee on Industrial Health and the Liaison Committee with Labor.

The purpose was to discuss contemplated legislation on health problems to be presented at the next General Assembly. The committees agreed to support the views of the Committee on Industrial Health.

Since there was no General Assembly this year, the activity of the Committee was limited.

J. WILLIAM WRIGHT, SR., M.D.,
DON E. WOOD, M.D.,
Co-chairmen
JOHN M. PARIS, M.D.
G. O. LARSON, M.D.
J. L. WYATT, SR., M.D.
C. V. ROZELLE, M.D.
HARRY MURPHY, M.D.

COMMITTEE ON PUBLIC RELATIONS

Your Committee on Public Relations has had an active year and has reported from time to time to the Council, during their regular meetings and to the membership through THE JOURNAL.

The committee has continued during the past year to publish the NEWSFLASH for distribution to the membership of the Association. We have attempted to carry information of interest to the profession and at times have cooperated with other committees in distributing through the NEWSFLASH pertinent information which had an important bearing upon the profession.

The major activity of the Committee was the cooperation in the Science Fair movement in Indiana. We believe this to be the most worthwhile

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and constructive public relations we have undertaken in years. The complete report of this program was published on pages 865-869 of the JULY issue of THE JOURNAL.

It is the recommendation of your committee that the Association continue participation again in 1957 as we did in 1956 and that we further urge our component societies to take leadership in this program, at the county level.

- EARL W. MERICLE, M.D., *Chairman*
- F. B. MOUNTAIN, M.D.
- H. R. STIMSON, M.D.
- C. H. JINKS, M.D.
- J. H. CROWDER, M.D.
- HAROLD C. OCHSNER, M.D.
- NORMAN R. BOOHER, M.D.
- PHILIP T. HOLLAND, M.D.

COMMITTEE ON PUBLICITY

The committee has met regularly during the past year in the headquarters office for the purpose of handling newspaper releases, with special emphasis on the "Hints on Health" columns, and radio and television programs of an educational nature.

HINTS ON HEALTH

The "Hints on Health" columns, weekly health news releases, designed for public consumption, constituted a major portion of the committee's

activities. Currently the feature is being used by some 130 newspapers in the state. Following is a list of columns approved:

- | | |
|-----------------------|--------------------------|
| By a Knock-Out | Careful—You Might |
| Don't Do It Yourself | Kill Him |
| Malaria | Up and At 'Em |
| Booby-Trapped Homes | Blood Banks |
| Joke—But Don't Choke | Farmer Beware |
| Boon to Mankind | Deafness |
| AC—Able Citizen | Medical Discoveries |
| The Eyes—Indicators | Burns |
| Asthma | Spring Fever—Hay, |
| Speck in the Eye | That Is |
| Parkinson's Disease | Watch the Heat |
| Enter—Mr. Germ | Club Feet |
| Backache | Your Liver |
| What—No Uranium? | Some Fun |
| Vital Oxygen | Turn On the Air Condi- |
| Alcoholism | tioner |
| Stomach—Hard Worker | Typhoid |
| Ringworm | Bee Sting |
| Digitalis—Life Saver | Your Gallbladder |
| Body Balance | Good News |
| Adoption | Thief in the Night |
| Lazy Bones | A Bad Habit |
| The Convalescent | Goiter |
| Temper Tantrums | What Have You Got? |
| You're Getting Old | Sweets to the Sweetheart |
| Beware of the Kitchen | Convulsions |
| Contusion—Confusion | Back to School |

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Four general news releases on the annual convention were approved by the committee.

Approval was also granted the Inland Steel Company for use of the "Hints on Health" columns in its publication.

The television show "Medicine U. S. A.—The Living Proof" and a series of American Medical Association-produced radio dramatizations on health subjects were approved for use by local stations.

The film "Danger at the Source" was approved for use by the committee in conjunction with the observance of Medical Education Week, April 22-28.

W. L. PORTEUS, M.D., *Chairman*
J. O. RITCHEY, M.D.
D. S. MEGENHARDT, M.D.

COMMITTEE ON RURAL HEALTH

1. The Committee on Rural Health started the year with a conference of the committee and the county Rural Health chairmen and the county Auxiliary Rural Health chairmen. The committee invited Aubrey Gates, field secretary of the Council on Rural Health of the American Medical Association, to this conference, and he felt that this meeting was a very good idea and should be repeated. Mr. Gates was of great assistance to the committee on this program and did a masterful piece of work in summing up the objectives and emphasizing various phases of the work.

The committee members explained the over-all program of the Rural Health Committee to the county chairmen from the Societies and Auxiliaries. Mrs. J. E. Dudding as co-chairman of the Auxiliary State Rural Health Committee, presented the Auxiliary viewpoint from the state level.

The county representatives were then asked for views on the state program, also for suggestions for improvement and new ideas for future work.

Attendance was not all that was expected, mostly due to very bad weather. However, those who attended took a lively part in the discussion and this program seemed to be well worth while. It was felt by those concerned that this program should be continued annually. This should create more interest in the program from the local level.

2. The Annual Junior-Senior Day was held again this year and each year this program gains in momentum, interest and genuine appreciation to the State Association from the junior and senior students, their wives or sweethearts.

This year the committee imported Warren R. Mullen, M.D., of Pentwater, Michigan, to give the paper "Establishing Your Practice." Dr. Mullen was the first president of the Student A.M.A. and did a magnificent job of advising the students on a choice of location and how to go about getting

started in practice, choice of things with which to work, location of office, office help, necessary insurance protection, and the place of the new physician in his community.

Mrs. M. O. Scamahorn of Pittsboro presented the role of the rural physician's wife in her community and told of the many types of activities in which it is possible for her to take part and often be the leader.

Dr. Robert Seibel of Nashville spoke on teaming up in practice. He told of a partnership practice in Indiana's most rural area of Brown county. He presented drawings of a new clinic which they are building so that they may further serve their people and explained in detail the setup of their partnership and how they make it work.

Dr. Eli Goodman spoke of his experiences first in the city of Chicago, and now in the small town of Charlestown and pointed out the advantages of the small town and rural areas. He also spoke of another type of teaming up in practice, that of an older man and a younger man in association.

Dr. J. E. Dudding of the Blue Shield Board spoke briefly about the advantages to the physician of the Blue Shield Plan, and how a prepaid type of medical care insurance enables him to collect his fees, where in former times this work went on the book and was often never collected.

Harvey Hallam, professional relations director of Mead Johnson and Company of Evansville, spoke on the "Pharmaceutical Representatives as Your Friends." He explained the methods used by Mead Johnson, and most other pharmaceutical companies, in choosing and schooling their representatives and told of their many aids to the medical profession. He also explained that they had been of great aid to the young physician in helping him to get placed where physicians were needed through the personal knowledge of their representatives.

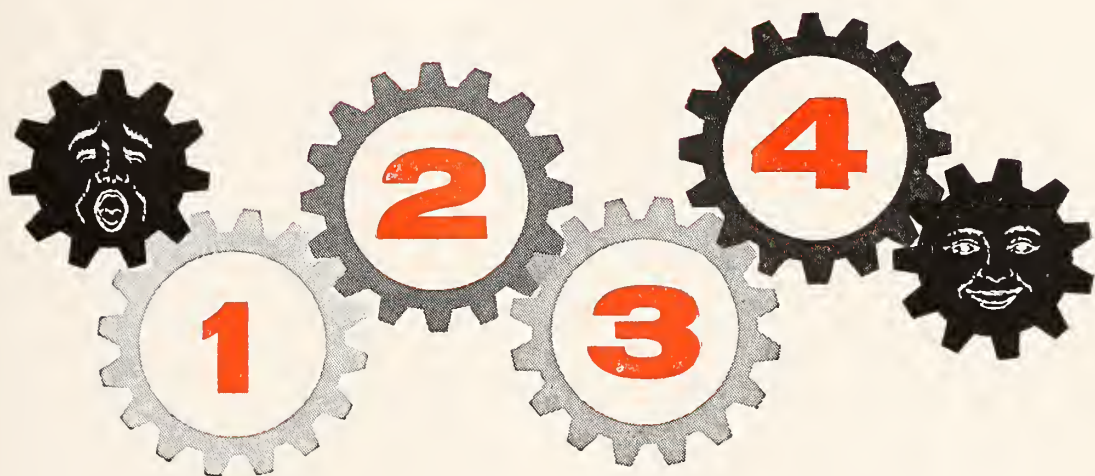
A social hour followed the afternoon program and Mead Johnson took care of this portion of the expense. They were truly grateful for the opportunity to meet and talk to so many prospective young physicians.

Following the dinner, Dr. F. S. Crockett of Lafayette, chairman of the Council on Rural Health of the A.M.A., spoke on the Sears-Roebuck Foundation and their willingness to loan money at a low interest rate over a reasonable period of time to physicians to set up a practice if and when all other sources had been exhausted.

Mrs. Charles Sewell of Otterbein, the "Sweetheart of Women Everywhere", and one of the people most responsible for the Rural Health Movement, spoke on "You're Going to be a Physician". Mrs. Sewell gave a most interesting and inspiring talk, as only she can do. I am sure that everyone who heard her talk will go forward as a better citizen and a better physician.

The committee feels that this program is very important and should be continued on the present

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and allergy-caused congestion
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- 4.** Expectorant action
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basis for juniors and seniors and their wives each year. Mead Johnson is more than willing to continue the sponsorship of the social hour. However, Mr. Saylor, executive director of Blue Shield, believes that the bill for the dinner hour has grown until he feels that Blue Shield cannot take care of the dinners.

It is hoped that the State Association will appropriate enough money to the Committee that this program may continue without having to go to commercial companies which might detract from the effectiveness of the program.

The Committee wants to thank Dr. Walter Porteus for wonderful management of the program as our toastmaster.

3. The Rural Health Committee has been urging each county society to put on a County Health Day Conference with the assistance of the county medical auxiliary. There have been a few of these programs in the state, and they have been highly successful. There has been genuine praise for the medical profession where they have been held.

The I.S.M.A. Auxiliary has made great plans to help with these programs; however, the county medical society must authorize them and ask the auxiliary for assistance.

We feel that more can be done in the field of public relations with these county health days than in many more expensive plans that have been tried before. This method is especially adaptable to small rural areas, while metropolitan communities can and do sponsor forum type programs. Each county society should approve one or more of these health conference programs each year. Your county and state auxiliary are ready and willing to assist you with program planning and technical aid.

4. The Rural Health Committee continues to sponsor, through the Headquarters office, the physician placement service. The JOURNAL carries a list of physicians wishing to locate in Indiana. It also carries a list of locations where physicians are wanted. The brochure is still available to doctors wishing a location. Information is given on these places listed as needing physicians. This includes financial, economic, social, religious, hospital and school information.

5. The chairman, Dr. J. E. Dudding, made a short talk on active tetanus immunization on the radio program "Farm Visitor." It was planned for other committee members to appear on the program and make short talks on rural health problems as it can be arranged.

6. Lectures to students on rural practice.

We would recommend to the new committee next year that a series of lectures be presented to the medical students on a volunteer basis. It was suggested that these could be presented by the committee members or other rural practitioners in conjunction with the Student A.M.A. as a part of their program. This would eliminate the entanglement of establishing these lectures as a part of the medical school program.

It is very evident from the questions and statements of the junior and senior medical students at the Junior-Senior Day Program that there is a great desire for this type of program. A similar program is in operation in Ohio and in several other states.

7. The Indiana State Medical Association and the Rural Health Committee was represented at the Eleventh National Conference on Rural Health at Portland, Oregon, by the chairman, Dr. J. E. Dudding. The title of the conference was "Your Doctor and You".

Dr. F. S. Crockett opened the meeting with his talk on the above title, and stressed the importance of the relationship of the family and their doctor. He also told of the advances in medicine, and how the rural physician of today is much more highly trained and better equipped to scientifically treat his patients than was the horse-and-buggy doctor.

The remainder of the program was in the form of panel discussions with questions from the floor and discussion by the panel members. The following were some of the subjects:

1. The Family and Its Physician.
2. Mental Health.
3. Problems of the Aged.
4. Uses and Abuses of Health Insurance.
5. Paper on "The How, What and Why of the Dental Project."
6. Paper on "Methods for Health and Housing Center for Migrant Workers."
7. Paper on "Method to Develop Hospital and Insurance Plan for Remote Lumber Camp."
8. Paper on "Method to Build Community Hospital and Thus Obtain Necessary Physician".

This was a very instructive conference and had the largest attendance in the history of these national meetings.

The Twelfth Annual Conference is to be held in Louisville, Kentucky, on March 7, 8 and 9, 1957. Your representative pledged Indiana to full cooperation with Kentucky to put on a bigger and better conference than has ever been held before. With Kentucky, Indiana, Ohio, Illinois, West Virginia, Virginia and Tennessee to help with this conference the really rural Midwest should be at its best and I urge all members to attend.

I want to thank all the members of this Rural Health Committee for the splendid cooperation and hard work which they have put into the accomplishments of this committee.

J. E. DUDDING, M.D., *Chairman*
ELI GOODMAN, M.D.
LOUIS HOW, M.D.
STEWART D. BROWN, M.D.
FORREST J. BABB, M.D.
J. A. DAVIS, M.D.
H. N. SMITH, M.D.

SUB-COMMITTEE ON
PRECEPTORSHIPS

The Sub-Committee on Preceptorships presented a panel discussion on Preceptorships to the Junior Class of the Indiana University School of Medicine in Hurty Hall at 2 p.m., January 18, 1956. Members of the panel consisted of Drs. Joseph E. Dudding, C. Tony Dutchess, Robert W. Kuhn, Robert P. Acher, and Lester D. Bibler.

Approximately one-hundred and five (105) members of the Junior Class were present and were an attentive audience. Numerous questions were asked and it was apparent that the discussion was well received.

Dr. Glenn Irwin, of the Indiana University School of Medicine faculty, and your chairman visited the University of Pennsylvania to study their preceptorship program and also their family health advisory plan. Information secured on this trip was reported to the Council of the Indiana State Medical Association and the Sub-Committee on Preceptorships on April 29, 1956 in Indianapolis.

John McK. Mitchell, M.D., Dean of the University of Pennsylvania School of Medicine, Dr. Katherine Goddard and Doctor Hubbard were very helpful and cooperative.

May 23 and 24, your chairman visited the University of Tennessee School of Medicine accompanied by Drs. Glenn Irwin, O. T. Scamahorn, and Charles Alvey. A very comprehensive picture of a Department of General Practice in the medical school was presented with the able cooperation of Doctor Hyman, Dean of the School of Medicine, and Dr. Robert Davison, head of the Department of General Practice.

There have been six (6) inquiries for Preceptorships in the past six months and approximately fifteen (15) inquiries by doctors who are interested in participating in a Preceptorship Program.

This committee wishes to work in cooperation with the Medical Education and Hospitals Committee and it is believed that with the modifications in the curriculum of the medical schools, substantial gains will be made in the near future.

It is recommended that this committee be continued.

- LESTER D. BIBLER, M.D., *Chairman*
- J. E. DUDDING, M.D.
- C. T. DUTCHESS, M.D.
- R. W. KUHN, M.D.
- J. D. VANNUYS, M.D.
- ROBERT P. ACHER, M.D.
- GEORGE ROW, M.D.

AUDITING COMMITTEE

The annual meeting of the Auditing Committee was held on July 25, 1956, at the Indiana National Bank, Indianapolis. The investments of the asso-

ciation were examined in detail and are listed below:

General Fund:	
United States Savings Bonds, Series G----	\$ 41,000.00
United States Savings Bonds, Series K----	55,000.00
United States Treasury Bonds-----	115,000.00
United States Treasury Bills -----	30,000.00
	<hr/>
	\$241,000.00
Medical Defense Fund:	
United States Savings Bonds, Series G----	\$ 8,000.00
United States Savings Bonds, Series K----	1,000.00
United States Treasury Bonds-----	14,000.00
	<hr/>
	\$ 23,000.00
Student Loan Fund:	
United States Treasury Bills-----	\$ 5,000.00
Total Investments, all funds-----	\$269,000.00
Bank statements of cash balances, as of June 30, 1956, in the Indiana National Bank, the American Fletcher National Bank and Trust Company, and the Bankers Trust Company were examined by the committee. These accounts consist of the General Headquarters Office Fund, the Medical Defense Fund, The JOURNAL Fund, the Indiana State Medical Association Student Loan Fund, and the Petty Cash Fund, and showed the following balances:	
General Fund -----	\$ 39,642.20
Medical Defense Fund-----	5,903.21
The JOURNAL Fund -----	17,890.88
Student Loan Fund -----	5,121.63
Petty Cash Fund -----	710.40
	<hr/>
Total cash on hand, 6/30/56-----	\$ 69,268.32
ELTON R. CLARKE, M.D., <i>Chairman</i>	
OKLA W. SICKS, M.D.	

COMMITTEE ON CANCER

Your Committee on Cancer had referred to it the following resolution as adopted by the American Medical Association for its study and recommendation:

A.M.A. RESOLUTION 15

WHEREAS, The many claims for new methods of diagnosing and treating cancer that are not presented through the usual medical channels of communications or supported by adequate scientific and clinical evidence of value have created grave problems for practicing physicians and for those agencies and leaders responsible for public health and for advising the public; and

WHEREAS, The American Association for Cancer Research, the American Cancer Society, the American Medical Association, the Damon Runyon Memorial Fund for Cancer Research, the Food and Drug Administration, the National Cancer Institute, because of concern over this situation, sought aid from the National Academy of Sciences which established the Committee on Cancer Diagnosis and Therapy within the National Research Council to study this problem; and

WHEREAS, The studies of this committee over a period of four and one-half years have led to the

conclusion that since such claims gain their original public support locally, thus creating their first impact on a restricted community, and only later, and often as a result of sporadic promotional efforts by a few prominent individuals, do the proposals receive national attention, it is logical so to design protective procedures as to handle such situations at the local level; therefore be it

RESOLVED, That the collection and evaluation of scientific and clinical evidence on claims for the diagnosis and treatment of cancer be recognized as a responsibility of state and regional medical societies; and be it further

RESOLVED, That the State medical societies be encouraged to establish state cancer commissions or committees to assume this responsibility, following the general pattern developed by the California Medical Association and working in close cooperation with other local and national health agencies; and be it further

RESOLVED, That the House of Delegates of the American Medical Association urges state medical societies to establish such groups, and that at an opportune time the Association arrange a conference of representatives from the various states (in cooperation with other sponsoring agencies and the Committee on Cancer Diagnosis and Therapy, if this is desired) for the consideration of effective organizations and study mechanisms.

The Cancer Committee approves of this resolution from the House of Delegates of the American Medical Association on the establishment of Cancer Commissions by the State Medical Societies and we recommend that such a commission be established by the Indiana State Medical Association.

GLEN V. RYAN, M.D., *Chairman*
IVAN CLARK, M.D.
C. I. WEIRICH, M.D.
S. J. FERRARA, M.D.
O. W. SICKS, M.D.
R. B. STOUT, M.D.

COMMITTEE ON CHRONIC ILLNESS

The prevention, recognition, and treatment of chronic illness is the responsibility of every physician regardless of his specialty and is particularly the responsibility of the general practitioner.

Every physician concerned with the care of the chronically ill patient should keep a continual watch on the nursing homes, so they will give adequate care to the chronically ill patients, and will continue to meet the requirements of the State Licensing Board.

The aged patient can often be taken care of in a private home as adequately and usually cheaper than he can in a nursing home, as nursing home facilities are very limited. Also the aged patient is usually far more content in a private home, and receives more personal care.

It is the duty of every physician caring for the chronically ill, to properly instruct the persons re-

sponsible for their care as to the proper care, nourishment, and activities of their charges, especially where it concerns the care of the aged.

We recommend the following definite steps be taken by the Association:

1. Advise the State Department of Public Welfare that more consideration be given to caring for the aged patients in private homes.
2. Attempt some complimentary publicity, or news releases on good nursing homes, and the excellent care of the aged patients in private homes, as a public relations gesture.
3. Recommend to the State Board of Health greater diligence in the inspection of existing nursing homes, and in the licensing of new nursing homes.

MILTON H. OMSTEAD, M.D., *Chairman*
I. E. HUCKLEBERRY, M.D.
J. R. NASH, M.D.
F. R. N. CARTER, M.D.
N. C. DAVIDSON, M.D.
ELMER C. SINGER, M.D.

COMMITTEE ON CIVIL DEFENSE

In the past year Medical Civil Defense has been relatively inactive in Indiana.

There have been two National Civil Defense meetings in the past year. 1. The County Medical Societies Civil Defense Conference held in Chicago, November 12-13, 1955. 2. The Fourth Annual National Medical Civil Defense Conference sponsored by the Council on Civil Defense, American Medical Association, held in Chicago, June 9, 1956. Representatives of this committee participated in each of these meetings.

At the November meeting, two important points were made. A. The Joint Commission on Accreditation of Hospitals will hereafter check as to whether each hospital has a written Disaster Plan and whether the plan has been tested at least every six months by a drill or dry run of the plan. While no hospital will lose its accreditation for failure to have a written disaster plan and to test it regularly by a trial run, yet the writing of such a plan and regular trial runs of its operation could result in increased points for the rating of the hospital which could bring a hospital with a low rating up to a level which would be sufficient for them to receive an approved rating. B. Mr. Val Peterson, Federal Civil Defense Administrator, was asked whether the present Civil Defense Act authorized the ordering or any compulsion for doctors to serve in a Civil Defense emergency. His answer: Civil Defense authorities should assume that this power exists in the present Act. The question is now being studied by the Justice Department particularly because President Eisenhower declared a State of Federal Martial Law during the National Civil Defense Test Exercise in July 1955. If the Justice Department finds the

...part of every illness

ANXIETY

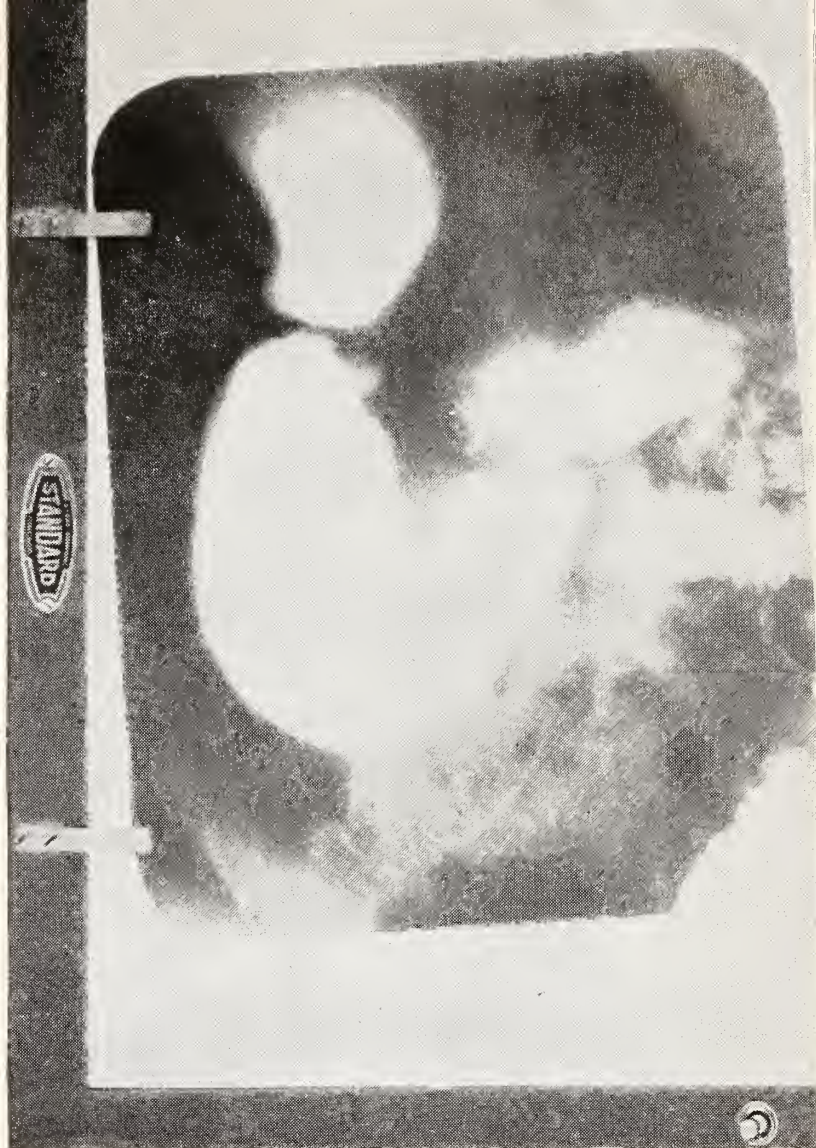
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*'...functional nervousness, including fatigue and anxiety, was by far the greatest detectable cause of recurrences of peptic ulcer symptoms, and in many instances it seemed likely that the same etiological factors were initially responsible for the ulcer.'*¹

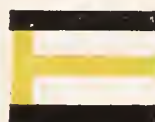
Peptic ulcer is a combination of the emotional and the physical. For total management, a combination of measures is often indicated. EQUANIL adds to the adequacy of routine treatment by countering psychic stress as a stimulant to vagal activity. It combats the anxiety and tension, and encourages restful sleep.²

In every patient . . . a valuable adjunct to the customary therapy

Supplied: Tablets, 400 mg., bottles of 50.
Usual Dose: 1 tablet, t.i.d.

1. Weiss, E., and English, O.S.: Psychosomatic Medicine. W. B. Saunders Co., Philadelphia, 1949, p. 358.
2. Lemere, F.: Northwest Med. 54:1098 (Oct.) 1955.

anti-anxiety factor with muscle-relaxing action



[®]
Philadelphia 1, Pa.

present law does not sufficiently provide this authority, then the law will be amended to give this power.

During the Fourth Annual National Civil Defense Conference in June, one of the most important papers was given by the Honorable Chet Holifield, U. S. Congressman, 19th District of California, Chairman, Sub-Committee on Military Operations, Committee on Government Operations, whose committee has been investigating the Federal Civil Defense Administration since January 1956. He blames part of the "tragic lack of organization of Civil Defense at the grass roots on the relative indifference of Congress to Civil Defense". He hopes for an overhauling of the Federal Civil Defense Act and believes the Civil Defense Administration must be placed under the Department of Defense but that Civil Defense must maintain a civilian character.

Various officials of the F.C.D.A. promised a restudy of Civil Defense organization, the issuance of more concise tables of organization, and organizational and instructional bulletins on the manner of organization and contemplated operation.

The committee has had few activities this year. The committee did issue a bulletin urging physicians to cooperate with the administrators of hospitals with which they are associated to have a test run of the hospital's disaster plan during National Hospital Week, May 6-12, 1956. The committee sees that much progress has been made in the investigation of the problems of Civil Defense organization and in the planning for such an organization. If we are to have a Civil Defense organization which is capable of operating during a Civil Defense emergency, then an expanded and continuous leadership must be furnished by both federal and state Civil Defense administrations. Also local Civil Defense organizations must be definitely organized, trained, equipped and kept at a ready status. The current emphasis is on disaster plans and training for each general hospital not only for civil defense disaster but also any local disaster which might tax the facilities and the entire staff of the hospital. Detailed instructional bulletins for preparing a hospital disaster plan have been sent to every hospital administrator. Every physician should cooperate with the hospital administrator in preparing and implementing these plans.

GLEN WARD LEE, M.D., *Chairman*

RAY ELLEDGE, M.D.

SETH ELLIS, M.D.

JEAN V. CARTER, M.D.

GUY A. OWSLEY, M.D.

JAMES M. LEFFEL, M.D.

GEORGE WILLISON, M.D.

COMMITTEE ON CONSERVATION OF HEARING

The Conservation of Hearing committee had nothing referred to it this year. Its activity was confined to the work of the Subcommittee on Noise in Industry.

The committee wishes to approve the report of its subcommittee. It wishes to commend these men for their excellent work in integrating the reports of the last two years and for supplementing them so as to present an up-to-date, comprehensive discourse on this growing subject.

M. W. MANION, M.D., *Chairman*

J. W. WRIGHT, JR., M.D.

D. E. BROWN, M.D.

K. L. CRAFT, M.D.

H. W. SMELSER, M.D.

ANNUAL REPORT OF THE SUB- COMMITTEE ON NOISE IN INDUSTRY

The Sub-committee is of the opinion that from year to year certain changes and additions will have to be made in the hearing conservation guides for industry and from the medico-legal aspect in ascertaining hearing losses and in recommending the degree of compensation. This is because of the newness and lack of development in this field and because the various national committees engaged in scientific investigation of these problems do not have final solutions. To maintain the continuity of such a program, it is felt that the State Sub-Committee should have some degree of permanency for a period of perhaps five to six years.

The Sub-Committee on Noise in Industry has consolidated and amended the reports of the past three years and desires to have this published in pamphlet form for the convenience of all concerned.

A GUIDE FOR CONSERVATION OF HEARING IN INDIANA INDUSTRY

With recognition that loss of hearing can result from exposure to intense industrial noises, Indiana industries are faced with a dual responsibility of obtaining proper measurements of hearing acuity and a maximum protection against hearing loss due to occupational exposure. At the request of The Industrial Committee of the Indiana State Medical Association the Sub-Committee has set forth in this publication some recommended standards and principles which can be used as a basic guide in providing a hearing conservation program in industry.

In preparing this guide, the Committee is conscious of the fact that it cannot offer a "blue print" for industry to follow. Local medical resources, the size of the plant and its associated noise problem, and many other factors must enter

Ulcer protection that lasts all night:

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Tablets

Each tablet contains:

Methscopolamine bromide 2.5 mg.

Average dosage (ulcer):

One tablet one-half hour before meals, and 1 to 2 tablets at bedtime.

Supplied: Bottles of 100 and 500 tablets

Syrup

Each 5 cc. (approx. 1 tsp.) contains:

Methscopolamine bromide 1.25 mg.

Dosage:

1 to 2 teaspoonfuls three or four times daily.

Supplied: Bottles of 4 fluidounces

Sterile Solution

Each cc. contains:

Methscopolamine bromide 1 mg.

Dosage:

0.25 to 1.0 mg. ($\frac{1}{4}$ to 1 cc.), at intervals of 6 to 8 hours, subcutaneously or intramuscularly.

Supplied: Vials of 1 cc.

*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN BRAND OF METHSCOPOLAMINE

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into a determination of the best program to follow on the local level. All the Committee can do is to point out certain problems and suggest ways by which the welfare of Indiana workers can best be protected against loss of hearing.

PERTINENT FACTS

- 1. Hearing loss caused by noise may be temporary or permanent.
- 2. Permanent hearing loss caused by noise is due to damage to the inner ear and is not amenable to any known treatment.
- 3. Noise usually causes more loss of hearing for high-pitched tones than for low tones. In the beginning, most or all of the hearing loss is for tones above those important for the understanding of speech. This is usually in the area which extends from 3000 to 6000 cycles per second. Therefore, early damage is unnoticed.
- 4. Hearing loss due to noise in the presence of continued exposure to high noise levels will progress to involve the speech frequencies. When this occurs the individual becomes aware of his hearing loss. This progression may continue to an advanced stage, resulting in a severe handicap. This tragic sequence of events may be prevented by adequate testing and protective measures.
- 5. Noise injures some ears more than others.
- 6. Apparatus is available to measure hearing loss by pure tone and speech tests.
- 7. Noise levels which damage the ear can be reduced
 - (1) By engineering methods.
 - (2) By ear protection.

PROGRAM OUTLINE

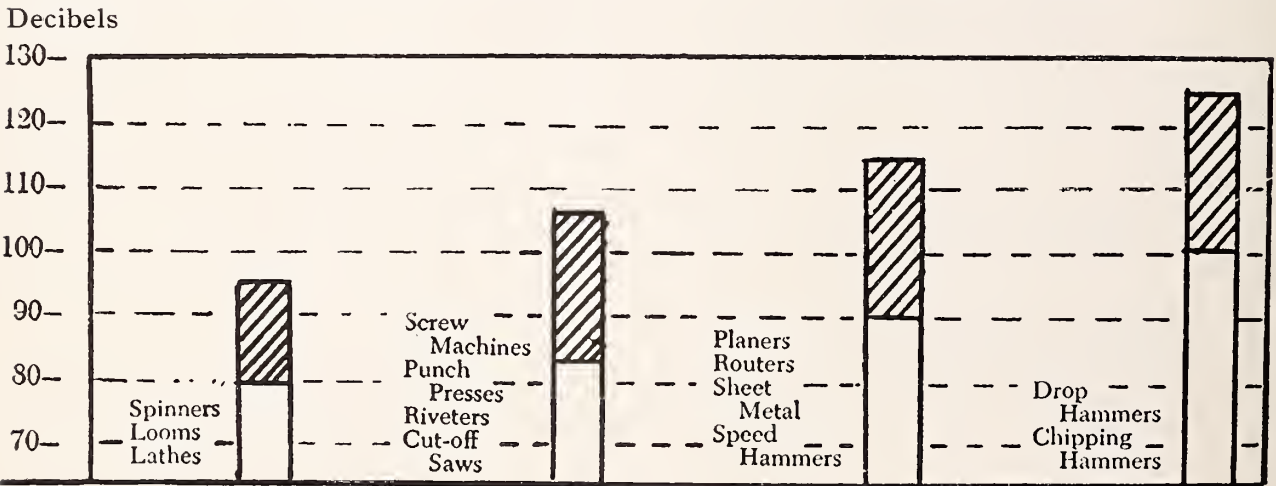
- 1. Noise Measurement. Any environment which prevents the hearing of loud conversation at an

arm's length suggests the need for further study. In terms of sound measurement it can be said that any environment which has an overall intensity level at or above 90 decibels (as measured on the C scale of a standard calibrated, accepted sound level meter) presents a situation which suggests possible danger of hearing loss to those exposed. In general the probability of damage within a short time is very high for noises at levels of 120 to 130 decibels or more; ultimately for levels of 100 to 120 decibels, and certain noises at levels of 90 to 100 decibels may produce damage in highly susceptible individuals. The above figures are merely suggestions for the industrial physician and, as yet, do not constitute legal, medical, or engineering standards. Usually high-pitched sounds are more damaging for speech comprehension than low-pitched sounds of the same intensity. Continuous noise is more damaging than recurrent noise of the same intensity. Explosive sounds or concussion accompanied by a shock wave may cause extreme permanent damage on only one exposure.

The octave or narrower band analysis rather than a standard sound level meter using only a flat net work, yielding only overall intensity levels, should be recommended in making an acoustic analysis of noise factors in industrial and manufacturing establishments. A sound level meter with an octave band analyzer should be used to study the composition as well as the level of intensity of industrial noise and should, of course, be used by persons properly trained. Sudden sharp noises such as the drop forge hammer introduce extremely high intensity noises of very short duration; they require special oscilloscopic equipment to measure their intensity.

Below is a brief chart giving the relative noise levels of various machines.

There are several means by which industry can evaluate its noise problem through scientific study.



Shaded portion indicates range of noise of designated industrial processes
Aram Glorig, M. D., "Noise in Industry" *Industrial Hygiene Quarterly*, Sept. 1953.

Four readily available sources of service are as follows:

1. Industrial Hygiene Division of the Indiana State Board of Health, Indianapolis, Ind.
2. Trained specialists supplied by insurance carriers.
3. Trained acoustical consulting engineers.
4. The Hearing Committee of the Indiana State Medical Association.

2. Reduction of Noise Level.

A. *Engineering Methods.* After such measurements have shown that a noise problem exists, engineering methods should be instituted to reduce the noise level wherever possible. Reduction of noise at the source is the most effective, although not always the most feasible, means of conserving hearing. Purdue University is organizing a Conference on Industrial Noise, the first annual meeting of which probably will be held on April 9 and 10 of 1957.

B. *Reduction at the Ear.* The use of ear plugs, muffs and helmets will provide a great deal of protection, but these are mechanical devices which cannot assure industry that it is giving the worker the maximum protection against ear damage. It is an important avenue through which protection can be achieved, but must not be employed without due regard to many factors which may lessen its effectiveness. Employee resistance to use of protective devices is well known. This resistance may be magnified in respect to the use of ear protectors. However, if deemed essential to the welfare of workers, they should be made the core of an intense educational program directed to employers and employees alike. Many plug type ear protectors, expendable or otherwise, are now on the market. Generally speaking, it can be said that the simple plug which is inserted in the ear is most desirable if properly fitted under medical supervision. These plugs come in assorted sizes, and the employee should wear the largest size which is comfortable and properly occludes the ear canal.

3. **Hearing Evaluation.** Audiograms must be made a part of the routine medical examination which accompanies employment. The pre-employment pure tone audiogram (air conduction), which is a record of the threshold of hearing acuity of the worker at the beginning of his employment, is the base line of the hearing conservation program in industry. It gives meaning to the periodic rechecks.

It is suggested that pre-employment audiograms be made under the following conditions:

- A. It is necessary to have an occupational as well as medical history for the purpose of

screening individuals who have incurred hearing losses as the result of previous exposure to noise. A medical history is useful for uncovering familial deafness and other diseases or injuries that might impair the hearing acuity of the worker.

Below are suggested charts which allow for the recording of periodic rechecks on a single page, thereby eliminating bulky files and lost records.

- B. Audiometric testing should be done by a physician or with trained personnel under the supervision of the industrial physician and his consulting otologist.

The trained personnel should be "an industrial audiometric technician" or better, who is to do only air conduction audiometry. The audiology clinics at Purdue and the Indiana University Medical Center are to formulate the requirements for training this personnel after careful investigation and trial. Their findings will be used as criteria for the development of suitable like facilities in strategic portions of the state. The Speech and Hearing Clinic at Purdue is ready to furnish this training immediately and the Audiology and Speech Clinic at the Indiana University Medical Center will be ready in the fall of 1956. The training will be in the nature of a two- to three-day intensive course of practical instruction. For further information one may consult Dr. Max Steer, Speech and Hearing Clinic, Purdue University, West Lafayette, or Mr. Francis Sondag, Audiology and Speech Clinic, Indiana University Medical Center, Indianapolis.

- C. Recommended test frequencies are 250, 500, 1000, 2000, 3000, 4000, 6000, and 8000 cycles per second. Only air conduction tests are advised. The threshold for each tone should be obtained by the ascending technique for each ear individually although both ears are covered by ear phones. The double ear phones serve to reduce the effects of room noise.

Audiograms showing losses in excess of 10 decibels, but no greater than 20 decibels, are frequently encountered if testing conditions are not as recommended. Such findings may or may not be of significance, but audiograms should be repeated. Losses in excess of 15 decibels indicate the need for further study. In estimating percentage hearing losses it is agreed that some type of speech audiometry to measure the ability to hear speech correctly is the ideal method. To quote the Council on Physical Medicine and Rehabilitation of the A.M.A., April 16, 1955:

"Hearing and recognizing the spoken word is more than receiving independent signals, it is a dynamic process in which time is a factor

OTOLOGICAL AND AUDIOLOGICAL EXAMINATIONS

AUDIOMETRIC FINDINGS

[illegible]

Space is provided for recording pertinent history related to hearing and for serial recording of audiometric tests. The reverse side is used for recommendations by the otologist.

OTOLOGICAL AND AUDIOLOGICAL EXAMINATIONS

WORKER'S EVALUATION OF HIS HEARING STATUS

MEDICAL EXAMINER

AUDIOGRAMS

October 1956 1293

and in which there are complicated interactions. It seems logical to use speech as the material in a test of the ability to hear speech. The unaided human voice as used in conventional 'spoken voice test' and the 'whisper test' is not sufficiently accurate and is confined to too narrow a range of intensity. Specifications for speech audiometers have been compiled. (Standards of the American Standards Association, Specification for Speech Audiometers, Z 24.13-1953, New York American Standards Association, 1953). . . . The ability to repeat correctly or to respond appropriately to the sentences, questions or commands should be taken as evidence of correct hearing." This test material is now being formulated but will require time to perfect.

It will be imperative that speech audiometry when perfected be employed on all persons who have a hearing loss by pre-employment pure tone air conduction audiograms. It is of utmost importance that some fairly accurate estimate be made of their ability to discriminate speech, as this ability does not always parallel the hearing losses as shown on pure tone air conduction curves and may change greatly with very small variations in the pure tone thresholds.

D. The equipment must be a pure tone audiometer with double head phones equipped with cushions or ear sockets and meet the specification Z 24.12-1951 of the American Standards Association. These machines require recalibration at varying intervals, depending upon the use and care taken but should be electro-acoustically calibrated at least once yearly. They should be rapidly scanned at threshold by the operator before testing an employee. This minimizes mistakes when the machine is grossly out of order. The accuracy of the audiometer should be checked at intervals, depending upon how much it is used, by testing young persons (preferably 10) who have no history of previous ear disease or hearing loss. The average of these individuals should be within five decibels of zero threshold for each frequency. Failure to obtain this indicates either incorrect audiometer calibration or excessive room noise or both.

E. It is emphasized that the interpreting and evaluating of abnormal audiograms is a function of the physician, primarily the otologist, and should not be assumed by nonmedical personnel. Likewise, the mere taking of audiograms without proper interpretation of the "abnormals" by an otologist should not be permitted.

F. Test Room. Ideally, a testing room should be

isolated from plant operations. Such an ideal is sometimes unobtainable. The room provided should be away from outside walls, elevators, heating and plumbing noises, and busy hallways.

According to the best information currently available^{1, 2, 3} when the ambient noise level in the test room does not exceed the following values, hearing thresholds of 0 decibels may be measured at the test frequencies recommended for industrial purposes:

Frequency Bands	Maximum Permissible Noise Level re .0002 Microbar
150- 300 cycles per sec.	42 decibels
300- 600 cycles per sec.	38 decibels
600-1200 cycles per sec.	40 decibels
1200-2400 cycles per sec.	48 decibels
2400-4800 cycles per sec.	60 decibels

In those industrial plants and offices where the ambient noise level is greater than these values, special construction is necessary. Therefore, test rooms especially designed to reduce the ambient noise level to acceptable values are ordinarily required. Suitable soundproof rooms can be built by local personnel, but require expert design and supervision of the details of construction. This may be impractical for a number of situations.

Several concerns are now manufacturing prefabricated, portable soundproof rooms. According to their published specifications, which vary from manufacturer to manufacturer, these rooms properly installed may provide adequate testing facilities for a number of industries. The noise level where a test room is to be located and its particular spectrum are the determining factors in deciding whether any soundproof room of known transmission loss characteristics will be adequate to reduce the ambient noise level to acceptable values within the test chamber.

Dr. Max Steer and Mr. Francis Sonday are in the process of drawing up specifications for a mobile sound-treated test unit which may be used by a group of industries, thereby sharing the costs both of the unit and of a trained industrial audiometric technician.

Pre-employment audiograms may help place certain employees with hearing losses on jobs

1. Cox, J. R., "How Quiet Must It Be to Measure Normal Hearing?" Noise Control, 1:1, Jan. 1955, pp. 25-29.
2. Gales, R. S., "Techniques for Noise Measurement and Evaluation of Data." Noise Control, 1:3, May 1955, pp. 22-29.
3. Peterson, A. P. G., Beranek, L. L., "Handbook of Noise Measurement." General Radio Co., Cambridge 39, Mass. 1953.



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Lysine-Vitamin Drops

- combines the amino acid, l-Lysine, with vitamins B₁, B₆, B₁₂
- stimulates appetite, effects better utilization of protein, thereby promoting growth
- cherry-flavored drops are delicious; may also be mixed in milk, formula, etc.
- handy 15 cc. plastic dropper-bottle

For the problem eaters, for the underweight, for the generally below-normal child

(Excellent, too, for stimulating appetites of the elderly patient!) Dosage: 0.5 to 1 cc. (10-20 drops) daily. Each cc. (20 drops) contains:

l-Lysine.....	300 mg.
Vitamin B ₁₂	25 mcgm.
Thiamine (B ₁).....	10 mg.
Pyridoxine (B ₆).....	5 mg.



LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK

^{*}REG. U. S. PAT. OFF.

peculiarly fitted for them. This assumes these people have had an accurate diagnosis by a competent otologist.

- G. Periodic Recheck. In the interest of hearing conservation, it is essential that routine periodic recheck audiograms be made on all personnel working in areas having high noise levels. These repeat audiograms are necessary in order to detect beginning changes in hearing acuity. These early changes can be recognized only by such tests, since the individual may be unaware of any hearing change.

The first recheck audiogram should be made at the beginning of the working day, not more than 30 days after exposure to high noise levels. Whenever feasible it is recommended that the audiogram be taken with a minimum of 48 hours' absence from noise exposure on the job. If possible, therefore, rechecks on a Monday morning are desirable. If any change in the worker's hearing acuity is noted as a result of his 30 days' exposure in spite of adequate ear protection, serious consideration must be given to the removal of the individual from the high noise area.

If no significant change in hearing acuity is noted after 30 days, subsequent recheck audiograms should be made approximately every six months.

In all cases of altered hearing acuity not less than three audiograms should be made under similar conditions and at the same time of day before accepting the altered hearing acuity as valid.

THE EXAMINATION OF THE INDUSTRIAL DEAFENED FROM A MEDICAL AND MEDICO-LEGAL ASPECT AS A GUIDE TO THE INDUSTRIAL PHYSICIAN

Hearing loss due to noise is difficult to differentiate from that due to other causes of inner ear impairment such as systemic disease, toxicity due to infection, effects of drugs, malingering, psychogenic deafness, and presbycusis.

All means of differential diagnosis should be used before establishing the diagnosis of hearing loss due to noise. This includes a complete history with special reference to any previous hearing tests, a complete medical examination including otological, accurate pure tone bone and air conduction audiometry, and complete speech reception and discrimination tests. At times a psychiatric examination may be needed. In the Veterans Administration Dr. Glorig has stated that there must be a close correlation between two pure tone audiograms and two speech reception tests.

The Doerfler-Stewart is probably the most useful test in ruling out psychogenic hearing losses and malingering. The delayed feedback test is also of great importance in some cases. We wish to emphasize that the Stenger and Lombard tests by themselves have only limited usefulness.

Allergies and respiratory infections may precede the loss of hearing. These conditions involve the middle ear by direct extension of upper respiratory tract infections or allergic salpingitis of the Eustachian tube. This committee wishes to point out that hearing losses caused by exposure to noise are due to damage to the inner ear, not the middle ear.

In making a diagnosis of hearing loss due to noise in industry it is necessary to have sound level measurements of the employee's industrial environment to determine if there is a real noise hazard present. There is a possibility of having the loss incurred while away from work.

RECOMMENDATIONS REGARDING COMPENSATION CASES WITH HEARING LOSSES

As previously stated in Section C under 3. Hearing Evaluation, in estimating percentage hearing losses it is agreed that some type of speech audiometry to measure the ability to hear speech correctly is the ideal method. This test material is now being formulated but will require time to perfect.

1. In the interim we wish to recommend the following procedure as a temporary stop gap. This method incorporates what we think are the best features of both the New York and Wisconsin plans for calculating the percentage hearing loss for the purposes of determination of compensation claims for occupational deafness. This loss is calculated by: (1) averaging in decibels (with respect to normal thresholds) the thresholds of hearing for the frequencies 250, 500, 1000, 2000 and 4000 cycles per second (or if the audiometer is so calibrated, of the frequencies 256, 512, 1024, 2048 and 4096 cycles per second); (2) utilizing a table furnished below to convert the average loss in decibels to a percentage hearing loss. It will be noted that a hearing loss of 15 decibels or less may be within the normal limits of variability and that losses of 82 decibels or more are considered total hearing losses. We arbitrarily chose 82 decibels as 100% hearing loss rather than 80 decibels as in Wisconsin because it permits the use of a simpler arithmetical percentage value for each decibel loss. Each decibel of average hearing loss above 15 is equal to 1.5% hearing loss as noted in the following table:

CONVERSION TABLE FOR OCCUPATIONAL
HEARING DISABILITY

Average Decibel Loss 250-4000 cps	% of Com- pensable Hearing Loss	Average Decibel Loss 250-4000 cps	% of Com- pensable Hearing Loss
15	0	49	51.0
16	1.5	50	52.5
17	3.0	51	54.0
18	4.5	52	55.5
19	6.0	53	57.0
20	7.5	54	58.5
21	9.0	55	60.0
22	10.5	56	61.5
23	12.0	57	63.0
24	13.5	58	64.5
25	15.0	59	66.0
26	16.5	60	67.5
27	18.0	61	69.0
28	19.5	62	70.5
29	21.0	63	72.0
30	22.5	64	73.5
31	24.0	65	75.0
32	25.5	66	76.5
33	27.0	67	78.0
34	28.5	68	79.5
35	30.0	69	81.0
36	31.5	70	82.5
37	33.0	71	84.0
38	34.5	72	85.5
39	36.0	73	87.0
40	37.5	74	88.5
41	39.0	75	90.0
42	40.5	76	91.5
43	42.0	77	93.0
44	43.5	78	94.5
45	45.0	79	96.0
46	46.5	80	97.5
47	48.0	81	99.0
48	49.5	82	100.0

2. **Calculation of Partial Binaural Industrial Hearing Loss Disability.** In those states where provision has been made in the compensation laws this calculation is based on the ratio of the disability in weeks for the total loss of one ear to the disability in weeks for the total loss of both ears. For example, in Wisconsin the total disability for the complete loss of one ear is 32 weeks and for the complete loss of both ears is 160 weeks, or five times that of one ear. This is a ratio of one to five. In Indiana the total disability for one ear is 75 weeks and for both ears is 200 weeks. This is a ratio of one to two and two-thirds which makes figuring somewhat more difficult.

The method for figuring partial disability from ratios as used in Wisconsin and New York is based on the original recommendation of the American Medical Association.

We are presenting a hypothetical case as follows:

The hearing loss in the better ear is 20%, and the loss in the poorer ear is 70%. In calculating this case precisely as done in the above states but using the Indiana ratio of total disability

of one to two and two-thirds, we proceed as follows:

$$\begin{array}{rcl}
 (1) & 1\frac{2}{3} \times 20\% = & 33\frac{1}{3}\% \\
 & 1 \times 70\% = \pm & 70\% \\
 & & \hline
 & & 103\frac{1}{3}\% \\
 (2) & 103\frac{1}{3}\% \div 2\frac{2}{3} = & 38\frac{3}{4}\% \\
 (3) & 200 \text{ weeks (disability for total loss of two} & \\
 & \text{ears)} & \\
 & \times 38\frac{3}{4}\% & \\
 & \hline
 & 77.5 \text{ weeks disability allowed for the above} & \\
 & \text{binaural loss.} &
 \end{array}$$

In order to simplify the mathematics we have prepared a table which one may use to find the binaural disability from the percentage hearing loss in each ear without further calculation. This table is too bulky to include in the report.

- The probability that a particular type or degree of hearing loss may or may not be benefited by a hearing aid should not be considered in calculating the disability.
- The period of time away from a noisy environment that is necessary before an accurate appraisal of the permanent hearing loss can be made has been set arbitrarily at six months. This is necessary to differentiate a temporary threshold shift from a permanent industrial hearing loss.

Before any hearing loss is considered permanent, a minimum of three audiometric tests should so indicate; these tests should be done on separate days at similar times and under analogous conditions.

These criteria are based on the present recommendations of the Sub-Committee on Noise in Industry of the Committee on Conservation of Hearing for the American Academy of Ophthalmology and Otolaryngology and other scientific reports.

A certain number of employees, because of economic factors and because suitable employment cannot be found in a relatively noise-free environment, will not be able to be removed from noise for the required six months or more before the final determination of their hearing status. In Wisconsin under these circumstances the employees have hearing evaluations made after a minimum of 48 hours' removal from the noisy area. Three or more such examinations are made under analogous conditions and at the same time of day and closely spaced at approximately weekly intervals. The best audiometric record is chosen from the tests to compute the hearing acuity of the employee. In addition, 5 decibels are deducted from the average decibel loss of the test frequencies to allow for the recovery factor. It would seem

that some such provision will have to be made in Indiana.

5. An allowance must be made for the "normal" aging effect on hearing (presbycusis). We believe a proper allowance is 0.5% hearing loss for each year that a person is older than 50 years.

We are including a glossary of terms which will be of aid in the discussion of cases of industrial hearing losses.

GLOSSARY

1. Industrial audiometric technician as used in the above context is a person trained to meet requirements to be set by the audiology clinics at Purdue University and the Indiana University Medical Center.
2. Normal threshold of hearing for pure tone audiometry is the modal value of the minimum sound pressure, at the entrance of the external auditory canal, which at that frequency produces a sensation of sound in a large number of apparently normal hearing ears of persons in the age group from 18 to 30 years inclusive. It is indicated by zero on the audiometer when the latter is in perfect calibration.
3. Threshold of hearing for pure tones or speech is the lowest level of intensity relative to the normal threshold at which at least 50% of the stimuli are correctly recognized.
4. Normal threshold for speech is the modal or commonest value of the threshold once a sample of every-day speech has been chosen for reference. The normal threshold for speech will differ depending upon the choice of material and the method of scoring. (At the present time there are test words and phrases which may be used in the differential diagnosis of deafness but not for estimating percentage hearing losses for compensation).
5. Spondee words are lists of equally accented two syllable words used to determine the hearing threshold for speech.
6. P. B. word lists are phonetically balanced lists of monosyllabic words used to determine the listener's ability to recognize relatively difficult words that require discrimination among the phonetic elements of speech.
7. Malingerer is a person who of his own volition claims to have an organic deafness he does not have.
8. Psychogenic deafness occurs with or without an organic hearing defect but with an added unconscious elevation of threshold.
9. Temporary threshold shift is a temporary hearing loss. The loss usually occurs about one-half an octave above the frequency of the exposure tone. It may be produced by sounds of various intensities and may last for many minutes, hours, or days. By definition it is reversible or temporary.
10. Auditory fatigue is a temporary elevation of threshold for hearing greatest at the same frequency as a moderately intense exposure tone and may last for a few seconds up to a few minutes after exposure.
11. "Industrial hearing loss" or noise hearing loss is the cumulative loss of hearing resulting from exposure to noise over a period of weeks, months or years. This loss almost always begins at about 4000 cycles and gradually spreads to either side of this frequency.
12. Acoustic trauma is the immediate effect such as may be produced by single or multiple explosions or blasts as differentiated from "industrial hearing loss" which designates an injury that is produced slowly by repeated exposures to less intense noise. In acoustic trauma there is as a result of the shock wave or waves an actual mechanical injury to the organ of Corti especially in the second turn of the cochlea with destruction of hair cells. The pathology of "industrial hearing loss" is the gradual degeneration of the hair cells, particularly the external hair cells in the basal turn of the cochlea.
13. Concussion deafness is the hearing loss resulting from a severe blow or blows to the head. The shock waves set up in the skull cause a similar type of damage and hearing loss as occurs in acoustic trauma.
14. Head-injury deafness or hearing loss may be from brain and eighth nerve injury, skull fractures especially of the temporal bone with permanent inner ear damage and irreversible physical damage to the middle ear. We regard the ear drum (tympanic membrane) as part of the middle ear. We believe damage to the external ear with resulting hearing loss is reversible, i.e., is not permanent with proper medical and surgical treatment. The external ear consists of the auricle and the external auditory canal.
15. Presbycusis is the hearing loss that occurs with the normal aging of the inner ear. It is difficult and often impossible to distinguish it accurately from "industrial hearing loss."
16. Noise is an unwanted sound.
17. Sound pressure level is the effective sound pressure at any point measured in decibels relative to 0.0002 dynes per square centimeter.
18. Ear defenders or protectors are devices to be worn to reduce the intensity of sound reaching the ear

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COMMITTEE ON CONSERVATION OF VISION

Meetings of the Committee were held on February 4, 1956 at Indianapolis, and on May 2, 1956, at Culver.

It was agreed that we recommend the continued use of the Crede method (silver nitrate) for the prophylaxis of ophthalmia neonatorum, as the Indiana state law now prescribes. We do not agree with the contention of some that this method can cause dacryostenosis or any other harmful effect if used as prescribed, and do not feel that it is entirely safe to permit the substitution of an antibiotic of the practitioner's choice.

It was suggested that we recommend that the State Association sponsor a bill to license opticians in the Indiana State Legislature, but a majority of the committee felt that the problems of the opticians should be no concern of ours.

By a majority, but not unanimous vote, it was decided that we recommend that the ISMA renew participation in the Indiana Interprofessional Committee for Eye Care.

DONALD I. DEAN, M.D., *Chairman*
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W. BURLEIGH MATTHEW, M.D.
JOSEPH L. LARMORE, M.D.
HERMAN S. HEPNER, M.D.

COMMITTEE ON CRIPPLED CHILDREN REHABILITATION

Since no particular problems have become apparent for the consideration of the Crippled Children's Rehabilitation Committee, there is no committee report.

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R. A. CRAIG, M.D.
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1. Martin, W. J., et al.: J.A.M.A. 160:928 (March 17) 1956.

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COMMITTEE ON DIABETES

The Committee on Diabetes has had no meetings throughout the past ten months. However, several of the members have been contacted by telephone during that time.

The members of the committee have cooperated well in helping to carry out the Diabetes Detection Campaign during the early part of October and have been instrumental in helping bring about a greater interest in diabetes on the part of physicians throughout the state. The same committee has also been interested in the camp for diabetic children which is conducted each June and July at Bradford Woods near Martinsville. Several new members have referred patients to this camp and the committee is certain that it is the wish of the Indianapolis Diabetes Association that more of these deserving children be invited to attend the camp each year. This is good for the child psychologically, to let him understand that his diabetes is a common occurrence among children of his age, that it is not such a hardship to him, and he learns much about his control. At the same time, it is quite a relief for the parents of these children to be allowed to send their child for a month's vacation, where they know the child will receive good care and attention. The committee is in favor of continuing its support of these activities.

It is felt that more papers should be presented at our state meetings in regard to the subject of diabetes and that there should be clinics which will prove instructive to the men in general practice in regard to the management of this disease.

J. H. WARVEL, M.D., *Chairman*

D. D. DICKSON, M.D.

PHILIP E. YUNKER, M.D.

ROBERT DAVIES, M.D.

B. W. THAYER, M.D.

WM. M. DUGAN, M.D.

ESSAY COMMITTEE

The 1954 meeting of our House of Delegates authorized the development of an Essay Contest to stimulate high school students to learn about the advantages of the private practice of medicine by participating in a contest sponsored by the I.S.M.A.

No committee was appointed until late in 1955, after another delegates' session. This committee submitted a budget to the I.S.M.A. for a minimal amount of \$1,897.00 to start the program authorized by our delegates.

On March 19, 1956 we received a letter from James Waggener advising us that the Budget Committee had appropriated the sum of \$100.00 for the proposed work of the Committee on Essay.

In view of the fact that the I.S.M.A. had a cash balance of \$37,410.74 as of Dec. 31st, 1955—which

was an increase of \$16,808.38 over the balance of the previous year, it has been the consensus of opinion of the majority of members of this committee that the insignificant budget of \$100.00 allotted to our committee is indicative of a desire on the part of officials of the I.S.M.A. to preclude any effort to comply with the mandate of our House of Delegates in the successful operation of an Essay Contest.

Any further action by this committee, or any other Essay Committee, will be successful only if backed by the demands of the majority of our members to overcome the apparent antipathy of your Budget Committee to accomplish what has been requested.

Accordingly, this committee is submitting a resolution to the 1956 House of Delegates asking for a clarification of this peculiar situation.

A. G. BLAZEY, M.D., *Chairman*

HUGH RAMSEY, M.D.

ROBERT J. MILLER, M.D.

RALPH C. EADES, M.D.

COMMITTEE ON HEART DISEASE

The Committee on Heart Disease has had several meetings to consider a proposal of Dr. Kennedy that the Indiana Medical Association should assist in the campaign for the prevention of rheumatic heart disease. One of the most important factors in this prevention is the discovery of streptococcal throat infections in children and the distinguishing of these from other respiratory infections. It was thought that if a method of operation could be perfected whereby each doctor in Indiana could be supplied with sterile swabs that he could use in such case and a method arranged whereby they could be processed, this would be a distinct advantage. This matter was taken up with the rheumatic fever committee of the Indiana Heart Foundation and they felt that this would be a tremendous assistance to them and they stated they would cooperate with us in any way we wished. There are two methods in which this could be accomplished. One, using the various laboratories throughout the state who would charge a reduced fee for the examination. The second, to utilize the facilities of the State Board of Health. The committee, after going over the whole problem felt that the latter method would be by far the best as the facilities were already set up throughout the state for taking care of just this sort of thing.

I have talked it over with Dr. Anderson of this department of the Board of Health and he told me he felt that this would be something that would come within their function and felt very sure that he could get their sanction for this. The details have not been worked out and there may be some question as to who should furnish the sterile swabs and receptacles and other incidentals concerning

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about bathtubs,
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than that."

"I thought maybe
I slept in a
draft. Never had
a stiff neck
like this before."

"That's nothing.
I went around
with my arm in
a sling for
nearly two weeks—
had to sleep
with a pillow
at my back
so I wouldn't
roll over on it."

"I thought
I was getting
too old
for high heels—
low heels
didn't help.
My leg hurt
down to
the ankle."

"That's funny.
I'm on my
feet all day
but it was
my arms that
bothered me."



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I couldn't
even get on
and off
the bus;
now I can
climb stairs."

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from me,
you should
be glad
you saw him
early in the
game so he
could do
some good."

"Good?—
why, he's
got me doing
exercises
I haven't done
in years."

"I hope
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my knee
that quick."



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*Griffith, G. C.; Dimitroff, S. P., and Thorner, M. C.: Ann. Int. Med. 45:7, 1956.

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the distribution. If this system can be set up the Indiana State Medical Association can be of great service in carrying out the program of publicizing it and calling on its members to cooperate in the carrying out of the work.

Consequently I suggest a Resolution of the Board of Trustees authorizing the further carrying out of this program

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DAN L. URSCHER, M.D.
HARRY P. ROSS, M.D.

INDIANA INTER-PROFESSIONAL HEALTH COUNCIL

No report.

COMMITTEE ON INSTRUCTIONAL COURSES

Your Committee on Instructional Courses has completed arrangements for thirty courses to be given on Tuesday, October 16, 1956. The schedule of courses as printed on pages 1018 and 1019 of the August issue of THE JOURNAL and reprinted again in the September issue constitute the report of the work of this committee.

W. M. BROWNING, M.D., *Chairman*
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*Schwartz, E.: New York J. Med. 56:570, 1956.

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LIAISON COMMITTEE WITH INDIANA ASSOCIATION OF LICENSED NURSING HOMES

Your Liaison Committee with the Indiana Association of Licensed Nursing Homes has had three meetings during the year to evaluate the replies to the questionnaire sent to members of the Association in which an attempt was made to obtain the opinion of Indiana physicians on various aspects of nursing homes and their operation.

A meeting was held July 7, to which representatives of the Indiana Nursing Home Association, the Indiana State Department of Public Welfare and the Indiana State Board of Health were invited. The latter two organizations license and inspect nursing homes.

The questionnaire return represented approximately 10 percent, which is considered by national survey groups as being more than adequate to provide factual opinion. In tabulating the results, it was found that Indiana physicians believe nursing homes are essential and deserve the consultation and assistance of the medical profession. A majority of those replying were concerned with what is felt to be inadequate licensing provisions. Overcrowding was reported; sanitation and supervision facilities were believed lacking.

In meeting with representatives of these other groups, the findings of the survey were made available to all the groups, and the opinions as expressed by the survey were discussed in detail. The representatives present were in accord with the results of the survey, stating the opinions as expressed were not surprising, and that it was the hope of the members of the Nursing Home Association that they could have the full support of the medical profession in assisting them to develop in Indiana a proper standard for nursing homes, which would provide for the people of the state the type of care necessary.

It was the opinion of all that Indiana licensing requirements should be re-evaluated and rewritten, and that licensing and homes should be divided into at least two categories (1) Nursing and (2) Convalescent, and that the requirements for licensing should be different for homes qualifying in these two classifications.

It was agreed by the groups that homes to qualify for nursing homes should have minimum requirements in the field of nursing supervision, medical supervision and facilities to care for patients who require actual nursing care. To qualify for domiciliary or convalescent care, homes should have lesser requirements in both the field of personnel and facilities, and would be prohibited from performing or offering nursing type service. In other words, this type home would provide only domiciliary type care, such as a boarding home for the aged who are not able to care for themselves, yet need no medical care.

Therefore, your committee recommends to the House of Delegates that it take affirmative action which will direct the Indiana State Medical Association through its proper committees to take appropriate action to effectuate the following:

1. The Nursing Homes be divided into two classifications (a) Nursing and (b) Domiciliary.
2. That the licensing laws of Indiana be rewritten to recognize these two classifications and that licensing of Nursing Homes in this new classification be under the authority of the Hospital Licensing Council, and that the Welfare Department retain the licensing of the Domiciliary Home.
3. That the State Fire Marshal, the State Board of Health and the State Welfare Department combine their resources in establishing a central inspection division, which division shall be responsible for the total inspection of all homes falling within each of the two classifications.
4. That county medical societies take the initiative in formulating county level advisory committees to work with the local welfare department, health department and nursing homes to bring about a better spirit of cooperation in accomplishing the above recommendations.

The committee will not take the space here to reproduce the complete findings of the survey. Anyone interested in looking these over may do so at the headquarters office of the Indiana State Medical Association.

MAURICE V. KAHLER, M.D., *Chairman*
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WILLIAM B. CHALLMAN, M.D.
PAUL G. ISKE, M.D.
H. G. WEISS, M.D.

LIAISON COMMITTEE WITH LABOR

This committee had a joint meeting with the Committee on Public Policy and Legislation and the Committee on Industrial Health. We made a study of the proposed Workman's Compensation Law. Our findings are included in the report of the Committee on Industrial Health.

WM. HARRY HOWARD, M.D., *Chairman*
WALTER L. PORTEUS, M.D.
ARTHUR L. ROSER, M.D.
R. L. KLEINDORFER, M.D.

LIAISON COMMITTEE WITH STATE DEPARTMENT OF PUBLIC WELFARE

In rendering this report, it is well to explain the makeup and function of the committee. The State Department of Public Welfare, in order to gain better knowledge of the problems with which it

works and to get better cooperation, has asked certain organizations to send one representative to meet with their committee about four times a year, and discuss various problems with these representatives in an advisory capacity. One of these organizations is the Indiana State Medical Association, and your committee wishes at this time to report on the meetings held during the year.

Meetings were held at the office of the Welfare Department in Indianapolis during the year, and the chairman of your committee was invited to each of these meetings. Chief problems discussed during the year were as follows: (1) The increase in overall medical care cost in spite of decrease of case loads; (2) nursing homes; (3) county medical assistance plans and fee schedules; (4) hospital commitment program; (5) general matters, including the commitment plan and various methods by which the Public Welfare Department could function with increased efficiency in regard to care of indigents, and methods of improvement of nursing homes.

On the above questions your representative, along with those of the other organizations, discussed these problems and made various recommendations as to how the Public Welfare Department might find a solution.

In regard to the increased medical cost in spite of decrease of case loads, it was felt that this is a trend which is in evidence in all types of activity, and it was the opinion that the Public Welfare Department was doing well to control its costs.

Regarding the nursing homes, it is the general opinion that this situation needs much improvement, and various methods were recommended and further suggestions are made later in this report.

In regard to the county medical assistance plans, efforts were made to emphasize that all counties should have a liaison committee with their local welfare department, in order that proper fees and disagreements be ironed out at a local level. Efforts were made to discuss a standard fee schedule for over the state, but the Public Welfare Department said that this would raise the medical costs 40 percent.

In the hospital commitment program it was thought, as a whole, this was working as satisfactorily as possible. Figures were brought out that the costs of the Medical Center were somewhat higher than other Indianapolis hospitals, but it was the opinion of your committee, after studying the matter, that the Medical Center costs would be higher because these hospitals get more difficult cases and many of the cases are there for teaching purposes. One point of interest that was brought out was that the hospitals of the Medical Center receive no direct appropriation from the state, and that they receive their money from their billings, endowments or grants. Only the medical school itself receives a direct appropriation from the state.

At the last liaison meeting held in May, there was a discussion concerning Trustees handling

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General Surgery, Two Weeks, November 5
Breast and Thyroid Surgery, One Week, October 22
Basic Principles, Two Weeks, November 5
Fractures and Traumatic Surgery, Two Weeks, November 26

GYNECOLOGY AND OBSTETRICS—

Office and Operative Gynecology, Two Weeks, October 22
Vaginal Approach to Pelvic Surgery, One Week, Feb. 4, 1957
General and Surgical Obstetrics, Two Weeks, November 5

MEDICINE—

Gastroenterology, Two Weeks, October 22
Cardiology (Pediatric), Two Weeks, November 5

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, November 26
Clinical Uses of Radioisotopes, Two Weeks, October 8

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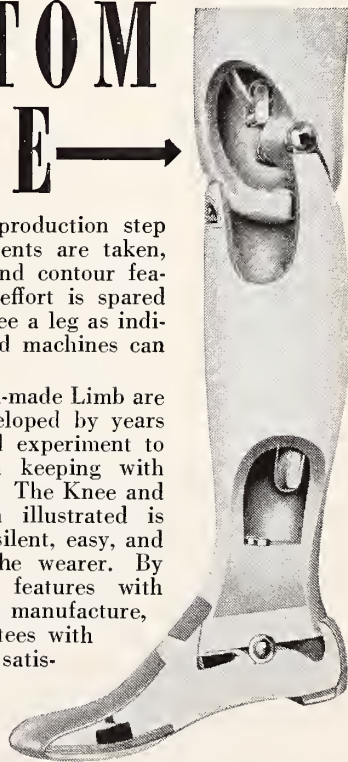
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indigent cases in the county, and it was the consensus of opinion there is much to be desired under that program. There was also much discussion on the licensing of nursing homes. The Welfare Department receives many complaints about some of these nursing homes, but it was brought out that they are never licensed unless they are first approved by the State Board of Health and the State Fire Marshal. Representatives of the Welfare Department also brought out that if they were given increased money in their budget they could obtain a better grade of inspection, and they would like the support of organized medicine on this point.

A summarizing meeting was held by your committee members in June, and all of the above points were discussed by those attending. It is the opinion of your committee that the State Department of Public Welfare is to be commended for its efforts to discuss its problems with the organizations with which it has to work, and they especially wish to thank Dr. Norman Booher, the president of the Indiana State Board of Public Welfare, and Richard A. Schweitzer, Jr., administrator, and other members of the Welfare Board for their fine attitude in discussing their problems. Since all members were not present at this summarizing meeting, it was not possible to thresh out the controversial issue of the Trustees' care of the indigent being turned over to the Public Welfare Department, but as mentioned previously, it was the opinion the present system leaves much to be desired.

It is felt that this committee is a valuable one and should do important work in the future. It is, however, recommended to the Public Welfare Department that, along with the Chairman of the Liaison Committee, other members of the committee be invited to the meetings in rotation, so that all members have the opportunity of attending the conferences during the year.

HUBERT T. GOODMAN, M.D., *Chairman*
 JACK E. SHIELDS, M.D.
 R. P. GOOD, M.D.
 RALPH W. BRUNER, M.D.
 FRANCIS M. FARGHER, M.D.

COMMITTEE ON MATERNAL AND CHILD HEALTH

The Maternal and Child Health Committee met in January, April and June of 1956.

Recommendations made and major topics covered by the committee are herein described.

I. Maternal Mortality Study Committee

This committee, which has had the full support of the Maternal and Child Health Committee, is now functioning.

The Maternal Mortality Study Committee is a joint operation of the Indiana State Board of Health, Indiana State Medical Association, and the Indiana University School of Medicine. Its purpose is education and research. In areas where this type of study has been done, significant reduction in preventable maternal deaths has occurred.

Individuals concerned in a case study are kept anonymous and the records are strictly confidential.

The committee functions by having an appointed physician-interrogator make a study of each maternal death. His findings are submitted to the committee which in turn reviews them in order to arrive at the cause of death and responsibility.

II. Premature Infant Care

A. Premature Care Center

The development of premature centers was discussed. A center has been developed at the Indianapolis General Hospital. It was reported that plans for the development of a center at the Methodist Hospital in Indianapolis are under way.

The center would:

1. Provide teaching experience for nurses around the state in premature care.
2. Provide a highly specialized center for caring for prematures from other hospitals without such facilities.

The belief was expressed by committee members that such centers would prove necessary because of the equipment and technique required to render the quality



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Clinical Director

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Manager

of care which can be given to premature infants. It was hoped that additional centers could be developed to serve the state.

B. Incubator Loan Program

Since today nearly all premature infants are cared for in hospitals, the requests for incubators in the home have declined. The Maternal and Child Health Committee approved the idea that the incubators be placed on a permanent loan basis to hospitals where it was felt they could be best utilized.

III. Speech and Hearing Program

The speech and hearing program of the Indiana State Board of Health under the direction of a speech and hearing administrator was reviewed. Because of speech and hearing problems of preschool children and because of the desirability of recognizing them early, the committee felt this was a very important program.

It was the feeling of the committee that this program could be supported in the following ways:

1. Distribution of information stressing the importance of speech and hearing problems in the preschool child. It was suggested that county medical societies be contacted in order that programs could be put on informing their members about the speech and hearing program.

2. Physicians should be informed as to where they could secure competent help for their patients with speech and hearing problems.
3. Support should be given to secure sufficient numbers of qualified personnel to handle speech and hearing problems.

IV. Immunizations

A. Polio

A report of the June 6 meeting of the Polio Planning Committee to which Maternal and Child Health Committee members were invited was made. Briefly, it was recommended that polio immunization continue during the summer, that there be an increased educational campaign to get the 1-19 years age group and pregnant women vaccinated, that the present recommended immunization schedule continue, and that children who participated in the field trials should receive booster doses.

B. General

The committee stressed that more emphasis must be placed on the education of the public as to the necessity for immunizations. It was agreed that physicians should play a major role in this. Various ways of getting information to the public were suggested, such as county medical

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societies carrying on an intensive educational program one or two months out of the year, physicians reminding their patients personally by phone and by letter, and the possible development of an immunization record that an individual could keep for himself.

V. Expectant Parents' Classes

In recent years there has been throughout the country an increasing number of expectant parent classes, the purpose of which is to help young people in preparing for family life. In Indiana there is a State Committee for the Coordination of Nursing Activities for Expectant Parent Classes for the development of a program of such classes. There is an advisory board to this committee of which the chairman of the Maternal and Child Health Committee of the State Medical Association is a member. Material used for organizing and conducting these classes has been approved by the Maternal and Child Health Committee. Close cooperation with the practicing medical group in a community is essential to success. In Terre Haute classes are in operation and more are being organized. Final evaluation has not been made, but it is felt that the classes are giving good results.

The committee agreed that expectant parent classes were an effective method for preparing young persons for parenthood.

VI. Modified Natural Childbirth

Because of the widespread public interest in natural childbirth, the committee felt that physicians should keep themselves informed on the subject in order to reach a decision regarding this somewhat controversial subject. In evaluating modified natural childbirth, it was stressed that the following points should be kept in mind:

1. Its effect on the infant and maternal morbidity with mortality.
2. The positive and negative effects on mother-child relationships.
3. The cooperation of the patient and how it affects the physician's work.

VII. Preschool Round-ups

A booklet entitled, "Planning for Your Preschool Round-up" was approved by the Maternal and Child Health Committee as a guide for the development of programs for pre-school health evaluations. It was felt that such activities could and should stimulate continuous health supervision for pre-school children.

It was recommended that the Executive Committee of the Indiana State Medical Association request that local medical societies join in developing and directing pre-school round-ups.

VIII. Public Health Infant and Maternal Visits

The average maternal mortality rate from 1948 to 1952 in isolated rural areas in Indiana was 8.8

for 10,000 live births. The average for Indiana, Illinois, Ohio and Michigan was 6.8. Public health nursing visits to expectant mothers in Indiana averaged 3 per 1,000 live births as compared to an average of 37 for the above named states.

Public health nursing visits to infants per 1,000 live births was 5.2 for Indiana as compared to an average of 151.4 for the previously named states.

In view of these figures, it was agreed by the committee that there needs to be greater effort to increase the public health nursing services to mothers and babies in Indiana.

IX. Meeting of Association of State Maternal and Child Health and Crippled Children's Directors

The national biennial meeting of the above association was held at the Indiana State Board of Health June 7-9, 1956. Members of the Committee attended this meeting.

X. New Director of the Maternal and Child Health Division of the Indiana State Board of Health

Howard W. Mitchell, M.D., resigned the above listed position on June 15, 1956, and was replaced by Verne K. Harvey, Jr., M.D.

SUMMARY

It was felt the Maternal and Child Health Committee of the Indiana State Medical Association accomplished a great deal in the way of review of maternal and child health problems in Indiana. It is hoped that the recommendations made by the committee and ideas expressed will be helpful to the medical profession in Indiana.

C. O. McCORMICK, SR., M.D., *Chairman*

GEORGE A. HELD, M.D.

RUSSELL W. LAVENGOOD, M.D.

O. T. SCAMAHORN, M.D.

JAMES E. SIMMONS, M.D.

C. CURTIS YOUNG, M.D.

MATERNAL MORTALITY STUDY COMMITTEE

(This committee was inaugurated at the March 11, 1955, meeting of the Executive Committee of the Indiana State Medical Association.

At this meeting, Dr. C. O. McCormick, Sr., chairman of the Maternal and Child Health Committee, presented a plan in which it was urged a survey and study be made of maternal mortality in the state of Indiana.

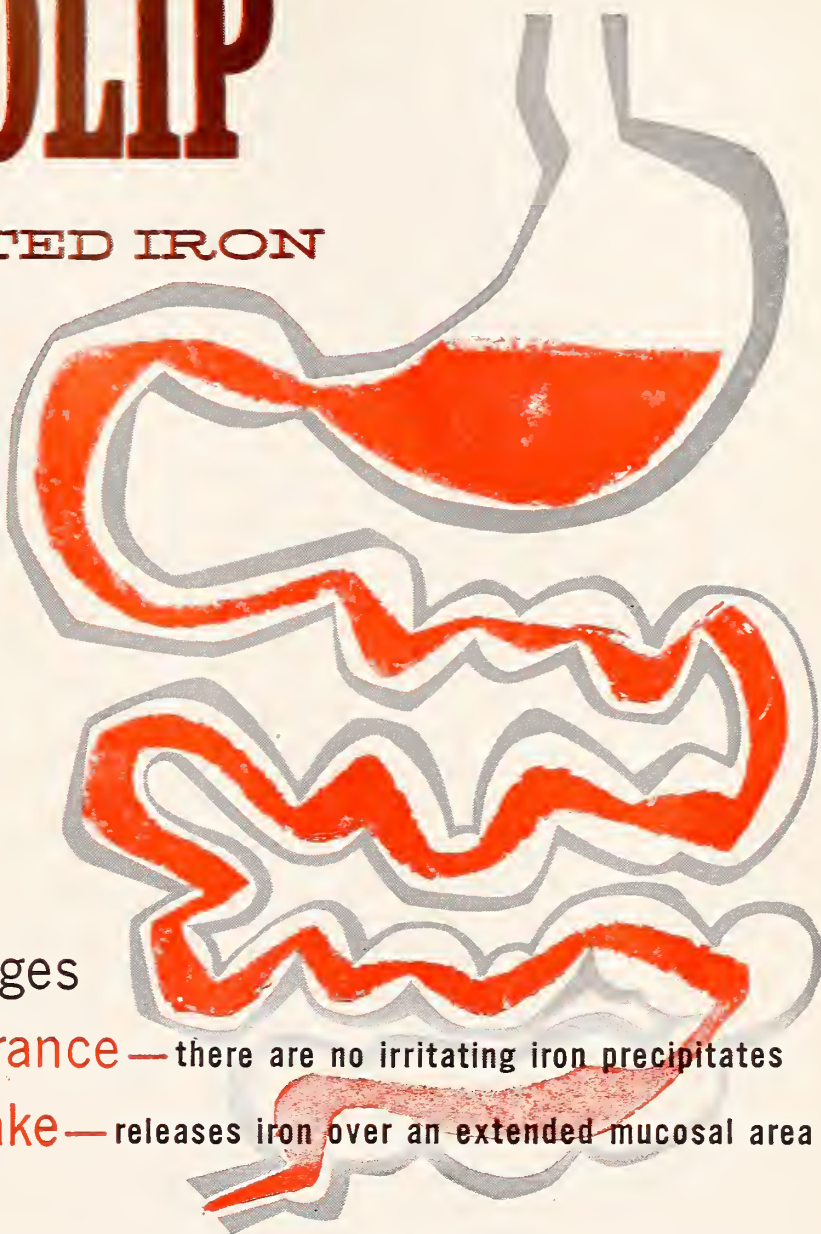
Upon motion of Drs. Walter Portteus and W. U. Kennedy, the Executive Committee recommended to the members of the Maternal and Child Health Committee that they, in cooperation with the Department of Obstetrics and Gynecology of Indi-

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ana University School of Medicine, institute a study of maternal deaths in Indiana, with the understanding the expense of such a study is to be borne by the Indiana State Board of Health.

Upon motion by Drs. E. H. Clauser and Roy V. Myers, the President, Dr. Walter Portteus, was authorized to appoint a committee composed of four OB-GYN men, three of whom are to be certified Board members, one internist, one cardiologist, one urologist, one anesthetist, one pathologist, and one general practitioner. The terms of office to be staggered from one to five years, the exception being that of the chairman, who as head of the Obstetrical and Gynecological Department at Indiana University is to serve as permanent chairman.)

The Maternal Mortality Study Committee held its first meeting February 5, 1956, Dr. Carl P. Huber presiding.

The first order of business was the announcement by the chair of the names of the members of the Maternal Mortality Study Committee, appointed by Dr. Walter Portteus, President of the Indiana State Medical Association, in accordance with the previous action of the Executive Committee at its March, 1955 meeting.

The appointments were as follows:

Carl P. Huber, Indianapolis, chairman

C. O. McCormick, Sr., Indianapolis, co-chairman

Obstetrics and Gynecology

David A. Bickel, South Bend (1960)

Mahlon F. Miller, Ft. Wayne (1958)

Charles F. Gillespie, Indianapolis (1960)

Elwood J. Meredith, Richmond (1958)

Internist

William G. Bannon, Terre Haute (1956)

Cardiologist

W. Donald Close, Indianapolis (1957)

Urologist

Robert A. Garrett, Indianapolis (1956)

Anesthesiologist

Vergil K. Stoelting, Indianapolis (1959)

General Practitioner

Glen V. Ryan, Indianapolis (1957)

Pathologist

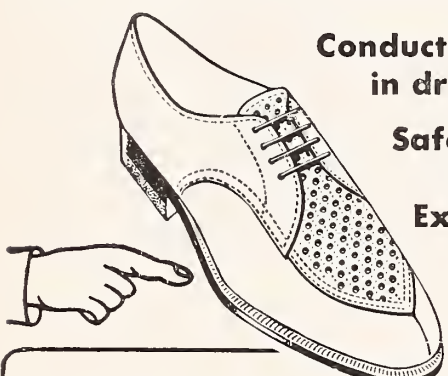
Edward B. Smith, Indianapolis (1959)

Then followed a discussion by Dr. McCormick of the necessity of studying maternal deaths, how the concept has rapidly grown from a local to a state level, at present functioning on this basis in no less than 35 states. In each instance, he stated, there is a marked drop in maternal mortality, improvement in hospital records, better and earlier consultations, and more accurate death certificate diagnosis. He explained that although each case is studied from the viewpoint of preventability as it applies to the physician, the hospital, or the patient, nevertheless there is no personal reflection or disciplinary action of any type. Also, no family member will be contacted by the interrogator or any representative of any of the three sponsors, the Indiana State Medical Association, the Indiana State Board of Health, or the Indiana University School of Medicine. He further stated each case will be listed by code number, and that the name of the doctor, the patient, and the hospital will be confidentially known only by the Director of Maternal and Child Health Division of the Indiana State Board of Health. No one of the committee, not even the chairman, will have access to any such information. He further suggested that although the interrogation with the attending physician be held within a few days following the maternal death, that the review of the case by the committee be withheld for one year following the death. This was highly approved by Dr. Close, who pointed out maternal cardiac deaths from the strain of pregnancy often do not occur for many months after delivery. Dr. McCormick concluded his remarks by emphasizing the project is solely in behalf of medical and scientific research.

Dr. Huber mentioned the necessity for extreme care in maintaining confidentiality of such pertinent information, and the importance of avoiding possible legal difficulties.

The need for careful selection of properly qualified interrogator obstetricians was stressed. Three were considered adequate.

It was suggested that on occasion the meetings



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of the committee be held in different cities of the state, inviting all local physicians who deliver babies to attend in order that the broadest possible education may come from the study.

The question of informing the attending physician of the committee's decision on his case was raised. It was decided to so inform him only upon his request.

The meeting concluded with a discussion of an interrogation form, which had been prepared, based upon forms of three other states. After some changes and corrections, it was voted to adopt the revised form.

At a called meeting June 15, 1956, consisting of the chairman, Dr. Huber, the co-chairman, Dr. McCormick, the secretary, Dr. Gillespie, and Director of the Bureau of Industrial Hygiene, Dr. L. W. Spolyar, Dr. Huber announced the appointment of the three following interrogators:

John E. Mackey, M.D.
3209 North Meridian Street
Indianapolis, Indiana
Charles R. Mather, M.D.
20 North 24th Street
Lafayette, Indiana
Robert H. Oswald, M.D.
126 S. E. 7th Street
Evansville, Indiana

CARL P. HUBER, M.D., *Chairman*
C. O. MCCORMICK, SR., M.D.,
Co-chairman
DAVID A. BICKEL, M.D.
MAHLON F. MILLER, M.D.
CHARLES F. GILLESPIE, M.D.
ELWOOD J. MEREDITH, M.D.
WILLIAM G. BANNON, M.D.
W. DONALD CLOSE, M.D.
ROBERT A. GARRETT, M.D.
VERGIL K. STOELTING, M.D.
GLEN V. RYAN, M.D.
EDWARD B. SMITH, M.D.

COMMITTEE ON MEDICAL CARE INSURANCE

The Committee on Medical Care Insurance of the Indiana State Medical Association met in the Student Union Building, I. U. Medical Center, Indianapolis, at 10 a.m. on May 9, 1956. The following members were present: Gordon B. Wilder, M.D., chairman; A. W. Cavins, M.D., V. F. Kling, M.D., William C. Reed, M.D., R. C. Beeler, M.D.

The meeting was called to order at 10:20 a.m. by Dr. Wilder who stated that the chief item on the agenda was the discussion of a resolution adopted by the House of Delegates at the October 1955 meeting which urged all county societies of the state to adopt a fee schedule.

After a brief discussion of fee schedules and the recommendation of the Indiana State Medical Association House of Delegates, Dr. Reed moved that the committee urge component county medical societies who have not complied with the resolution to do so. There was no second to the motion.

Dr. Wilder reviewed the fee schedule situation in the state and also reviewed the discussion of fee schedules which had taken place at the Council meeting Sunday, April 29.

The committee then discussed the attitudes of physicians in general toward fee schedules and agreed that there had not been enough explanatory material sent to societies and the individual physicians concerning the reasons for the House of Delegates' action.

It was also the opinion of the committee that there was a great deal of confusion caused by the sudden appearance of requests for an "average fee schedule", the practically simultaneous appearance of the Preferred Blue Shield Indemnity schedule as a schedule for hourly rated employees and accepted as such by some county medical societies, the request of the Indiana Academy of General Practice for a maximum fee schedule, and the contradictory reports of labor, management and medi-

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cal viewpoints on the issue of prepaid medical insurance and set fee schedules.

Dr. Cavins suggested that there should be more interpretive information on fee schedules in order to alleviate some of the existing confusion.

The committee agreed that the following sample resolution would help to eliminate this confusion and advised the Executive Secretary to bring it before the Executive Committee at its next meeting with the recommendation that the sample resolution be sent to all county medical societies with a proposal that the societies adopt it. The resolution is as follows:

————— County Medical Society agrees that the Preferred Blue Shield or comparable county medical society fee schedule is of benefit to both the physicians and/or surgeons as well as the patient and that this society agrees to accept this schedule as an indemnity plan which will cover the cost of most procedures, but in a case where the fee exceeds that listed in the Preferred Schedule or comparable county medical society fee schedule the physician and/or surgeon will discuss the fees with the patient before treatment. It is understood that this resolution applies only to hourly rated employees of any employer that may adopt in the future this Preferred Blue Shield Schedule or comparable county medical society fee schedule. This resolution is effective for one year beginning date of acceptance by ————— County Medical Society.

It was moved that the committee approve the action of Blue Shield in forming district advisory committees. Seconded and passed.

Another motion commending the Woman's Auxiliary Activities in informing lay groups on prepaid medical care insurance was seconded and passed.

There being no further business, the committee adjourned to meet again at 11:00 a.m., Sunday, September 9, at the Indiana University Student Union Building, Indianapolis, for a luncheon meeting.

GORDON B. WILDER, M.D., *Chairman*

A. W. CAVINS, M.D.

VIRGIL McCARTY, M.D.

V. F. KLING, M.D.

WILLIAM C. REED, M.D.

T. R. HAYES, M.D.

R. E. NELSON, M.D.

R. C. BEELER, M.D.

COMMITTEE ON MENTAL HEALTH AND ALCOHOLICS STUDY

This committee met on July 25, 1956. Drs. R. M. LaSalle, G. S. Fessler, and J. M. Mosier were present. Many aspects of the mental health problem were discussed and the following proposals were acceptable to this mental health committee:

1. Congress passed the Mental Health Study Act in 1955, appropriating \$1,250,000.00 to be used over a three-year period to study the mental health needs in the United States. A Joint Commission to undertake this study was appointed, consisting of five members from the AMA, five members from American Psychiatric Association, and five other members representing the various psychiatric adjunctive therapeutic groups (psychology, nursing, etc.). President of the Joint Commission is Kenneth Appel, and the executive officer is Jack R. Ewalt, Commission of Mental Health, State of Massachusetts. This group will make an exhaustive study and evaluation of needs in all phases of mental health—training, research, therapy, hospitals, clinics, public and private facilities. The Joint Commission after a preliminary survey feels that this will be a five to seven year study; hence, they plan to request another \$1,500,000.00 from Congress to continue this study. The Joint Commission on Study of Mental Health requests the approval for the study by the various State Medical Societies.

2. The question of the rights of epileptics was considered and it was agreed that the laws pertaining to marriage and sterilization should be amended so that epileptics may legally marry in the state of Indiana and that epilepsy by itself should not be a reason for sterilization. It is the understanding of this committee that such legislation will be presented to the 1957 legislature.

The committee does not approve changing the present laws about driver's license or concerning workman's compensation in behalf of epileptics.

The committee further proposed that epilepsy (medical definition) be a reportable disease to the State Board of Health.

3. Because of a lack of liaison between the Division of Mental Health and the State Medical Association, there was insufficient time to study the proposals concerning legislation relating to the Division of Mental Health. The committee felt that a thorough study of such proposed legislation should be undertaken and that the State Medical

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Association be an active and independent partner in proposed mental health legislation. To do this, the Mental Health Committee members recommend periodic meetings of the committee with specific assignments for each member.

4. The committee sees no objection to the mentally ill being committed to private psychiatric institutions.

5. The merits of the alcoholic rehabilitation program were discussed and it was agreed that a need exists for such a program. The committee recommends its continuation and expansion and commends the officials of the program for their efforts and enthusiasm.

The progress of the Division of Mental Health was considered and it was agreed that in the areas of patient care a marked improvement has occurred in the past four years in our state institutions.

JACK M. MOSIER, M.D., *Chairman*

D. D. GILL, M.D.

R. M. LASALLE, M.D.

G. S. FESSLER, M.D.

MURRAY DEARMOND, M.D.

F. M. GASTINEAU, M.D.

LOWELL F. BEGGS, M.D.

COMMITTEE ON MILITARY MANPOWER

Activity in this state, so far as military manpower is concerned, has to date been very slight. Only one call for physicians has been made on Selective Service and it was filled almost entirely by doctors just completing their internships. There is no information available as to any further calls in this calendar year. While such may be possible, apparently there has been an over-supply of physicians in the Air Force and the Army has been granting rather prolonged delays in active duty orders to physicians commissioned to them.

The few inquiries regarding individual physicians have been answered by correspondence direct with the officers in the county societies.

Dr. Howard Rusk, in testifying before the House of Representatives in February of this year as to the need for physicians, implied that practically all demands as estimated by the National Health Resources Advisory Committee could be met during the current year and definitely next year by those doctors graduating from medical schools who are subject to regular draft call, as well as special draft call. With this information available, it seems unlikely that any need for activity on the part of the State Committee will be necessary for this year.

JOHN E. OWEN, M.D., *Chairman*

JOHN M. PALM, M.D.

ERWIN BLACKBURN, M.D.

WILLIAM M. COCKRUM, M.D.

WALTER M. STOUT, M.D.

JAMES F. PECK, M.D.

JAMES F. LEWIS, M.D.

PAUL T. LAMEY, M.D.

COMMITTEE ON NECROLOGY

This committee has prepared and supplied the Indiana State Medical Association JOURNAL a complete record of the names of those physicians who have died during the past year, together with the causes of death and other statistical facts.

Other than this the committee transacts no business.

JAMES B. MAPLE, M.D., *Chairman*

COMMITTEE ON POLIO

Up to the present time, the only matter referred to the Committee on Polio was one concerning the handling and administration of the federally purchased vaccine. The committee made the following recommendation:

The Federal Government under Public Law 377 enacted by the 84th Congress appropriated \$30 million for the purchase of Salk polio vaccine to be allocated to the various states. This vaccine can be administered to anyone from 1 to 19 years old inclusive and to pregnant women of any age. It is available to anyone, regardless of ability to pay. No means test may be applied by any health officer or public official. However, the individual physician may exercise his judgment in regard to his patients. Only the vaccine is provided free from federal funds. Any charge for its administration is to be arranged between the physician and the persons receiving the vaccine.

In the state of Indiana the allocation of vaccine will be made among the counties on the basis of population.

It is estimated there are approximately 1,400,000 persons in Indiana between the ages of 1 and 19 years inclusive. There is not yet sufficient vaccine, free or commercial, for these persons.

It is the desire of the medical profession that no child in Indiana be denied immunization against polio because of inability to pay for the vaccine. There are a large number of unemployed at present, and those who for other reasons are hardship cases and unable to pay for vaccine. Since the physician is permitted under the law to exercise his own judgment, and the amount of federally purchased vaccine expected will be but a fraction of what is needed, the Indiana State Medical Association recommends that its members limit their requests for free vaccine to those individuals unable to pay for it.

It should be pointed out that the United States Public Health Service Committee on Salk Vaccine controls the distribution of all polio vaccine manufactured. This committee allocates the vaccine to the various states and tells the manufacturer where it must be shipped.

Attention is also called to the action of the 1955 House of Delegates, i. e., that all and every mass

vaccination be done only when instituted, approved, and directed by a county medical society.

MINOR MILLER, M.D., *Chairman*
V. L. TURLEY, M.D.
R. C. STAUFFER, M.D.
KEITH HAMMOND, M.D.
WILLIS STOGSDILL, M.D.
LALL G. MONTGOMERY, M.D.

COMMITTEE ON SCHOOL HEALTH AND PHYSICAL EDUCATION

Your Committee on School Health and Physical Education has considered several matters during the year, and reports herewith its findings and recommendations.

Immunization

The subject of immunization of school children was discussed completely, including the various methods or programs used by the county medical societies in cooperation with their local school systems to immunize the school-age children of their communities. Recognition was also taken of the problems involved in the immunization of school-age children against polio. The committee also reviewed the recent diphtheria outbreak in the northern part of the state.

The committee has come to one conclusion, it being that the Indiana State Medical Association

should call to the attention of the physicians of Indiana that they are failing to do immunizations in accordance with the accepted standards and procedures. It is the responsibility of every physician to somehow plan his medical care of families with children to make sure that all the children are immunized at the proper ages and prior to entering school. If the physician would devise his office and medical practice methods to do immunizations as and when they should be done, no cause would exist for mass immunizations during the school year or prior to entering the school program. It is the responsibility of the physician to protect his patients from diseases which can be prevented by proper prevention measures, and physicians should be reminded that if they individually fail to fulfill this responsibility, then the only solution is the mass program, which physicians recognize as improper medical practice. Had such a program been in operation, the recent diphtheria epidemic in one of Indiana's counties might well have been prevented.

Pre-Teacher Training Programs

Also your committee feels that the Indiana State Medical Association should recommend that in schools offering pre-teacher training programs, that more emphasis be made on instruction in health observation and physical defects.

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L. Harold Caviness, M.D., *Clinical Director*

Charles W. Harding, M.D.

his or her close association with children and the opportunity he or she has to present health facts at impressionable ages, should have in their teacher preparation training one or more courses in health.

Handicapped Children

We feel there is still great need for developing programs dealing with the development of the mentally handicapped child. We would therefore recommend that the Indiana State Medical Association recommend to school authorities that they take a vital interest in this problem and that steps be taken to develop such programs in our school system.

The Association should commend the Department of Public Instruction and the Indiana State Legislature for their progressive actions during the past two years, whereby the opportunity for education of the handicapped child has been greatly expanded.

School Health Programs

With the growing interest in health on the part of the public and the great emphasis now being placed upon school health programs, we believe the Association should recommend to the school systems of our state that they seriously consider the employment of full-time school physicians and part-

time physicians as consultants. In many school systems this might not be feasible or possible; we therefore recommend that, in such areas, the component county medical society cooperate with the local school system and assign physicians as consultants in school health problems, if the school system so desires.

- S. E. McCLURE, M.D., *Chairman*
- SAM ROTMAN, M.D.
- JOHN E. FISHER, M.D.
- T. A. HANNA, M.D.
- RAY M. BORLAND, M.D.
- D. G. BERNOSKE, M.D.

COMMITTEE ON STATE FAIR

The State Fair Committee's work culminates after the making of the report so that only plans for the Health Exhibit at the 1956 State Fair can be reported.

The exhibit will use as background material two exposition-type demonstrations from the AMA entitled, "LIFE BEGINS" (models of the beginning, growth and birth of a normal pregnancy) and "NURSING" (explaining the requirements for practical and registered nurses).

Four medical students will be hired to take the fair-goers blood pressure and to report that it is either low, normal or high as based on the general standards of the American Heart Association. The waiting line and the booth will be monitored by women of the Indianapolis Medical Auxiliary.

Detailed report supplement will be made to the Council after the State Fair dates August 29 to September 9, 1956.

- MALCOLM O. SCAMAHORN, M.D., *Chairman*
- HARRY PANDOLFO, M.D.
- MICHAEL MONAR, M.D.
- C. D. HOLMES, M.D.

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COMMITTEE ON
STUDENT LOAN FUND

Pursuant to the action of the House of Delegates of the Indiana State Medical Association at the October 1955 meeting, Doctor Kennedy, President of Indiana State Medical Association, upon the approval of the Executive Committee of the Indiana State Medical Association, called for a meeting to be held Wednesday, March 14, 1956 of the members of the Student Loan Fund Committee for the purpose of organization and election of officers, and adoption of necessary forms to implement the desires expressed by the House of Delegates.

Following the meeting, three applications for loans have been received and investigated. At a meeting held Sunday, August 5, 1956 three applicants were personally interviewed by the committee and each was favorably voted to receive a loan of five hundred dollars (\$500.00) for the school year 1956-57. The names of the students are on file at headquarters office, 1021 Hume Mansur Building. Anyone wishing information may apply there. Each applicant is a member of the class expected to graduate from the Indiana University School of Medicine in June 1957.

The committee has spent some time investigating the needs of medical students of this generation and is trying to acquaint itself with the rôle that the Indiana State Medical Association may best pursue in helping meet some of these needs under present economic, social, governmental and spiritual conditions. It is too early for positive statements to be made at this time regarding the committee's conclusions in the field of student loans to be made by the Indiana State Medical Association. Rest assured that such may be forthcoming when called for by action of the House of Delegates.

HARRY PLUMMER ROSS, M.D., *Chairman*
E. H. CLAUSER, M.D.
JAMES W. DENNY, M.D.
WALTER U. KENNEDY, M.D.
O. W. SICKS, M.D.
MR. ALBERT STUMP, *Attorney*
JOHN D. VANNUYS, M.D.

COMMITTEE ON TRAFFIC SAFETY

Your committee on Traffic Safety met with representatives of the Indiana State Police for a discussion of the problems of traffic safety of our state. The committee recommended to the State Police that study be given to methods of strengthening driver examinations, and more frequent examination of drivers and cars as one means of reducing the number of traffic accidents within Indiana.

Studies currently under way by the State Police have been in operation about long enough to begin to make a pattern of the groups which can be looked upon as accident-prone and may provide a means for screening out some of the potential ac-

cident cases, if a means is found of effecting better control of licensing of these individuals.

It was pointed out that traffic fatalities, nationwide, have reached an alarming high, and now ranks first as a cause of death. The slaughter seems to continue regardless of the fine work being done in safety education, and therefore makes it apparent other steps must be taken to bring this carnage to a halt.

The committee offered itself and the facilities of the Association to help in any way in working with the police and safety groups to discuss solutions to the many problems in traffic safety.

JAMES M. PFEIFER, M.D., *Chairman*
S. R. COMBS, M.D.
H. T. COMBS, M.D.
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HAROLD M. TRUSLER, M.D.
C. B. FAUSSET, M.D.
HOWARD E. HILL, M.D.

COMMITTEE ON TUBERCULOSIS

Your Committee on Tuberculosis submits the following considerations:

A. Whereas—The Hospital admission group in any community shows the highest incidence of cases of pulmonary tuberculosis, and

Whereas—The discovery of these cases, with proper isolation and treatment will lessen the spread of the disease to others, including nurses and doctors, and

Whereas—the practice by hospitals of doing survey chest X-ray studies of all admitted patients has been found effective in discovering the disease, by methods which seem feasible;

Be It Resolved—That the Indiana State Medical Association favor and urge that all hospitals in the State of Indiana institute a program of chest X-ray studies of all patients admitted to these hospitals.

B. Whereas—A large number of active cases of pulmonary tuberculosis in the State of Indiana are treated in the home, by Doctors in General Practice; and

Whereas—Chemo-therapy has given every doctor a potent measure in combatting the disease;

Be It Resolved—That the general program of the Indiana State Medical Association include presentations of the methods and principles of this home treatment by doctors who practice

home treatment, and who are leaders in the field.

C. Whereas—Interns and Residents are not available for State Institutions caring for Pulmonary Tuberculosis as well as Mental Institutions; and

Whereas—Other neighboring states, specifically Ohio and Illinois, have arrangements for limited licensure of doctors, whereby foreign graduates can be used effectively to supply these needs;

Be It Resolved—That the Indiana State Medical Association favor and promote legislation which will make it possible for foreign graduates to serve in state institutions.

THOMAS R. OWENS, M.D., *Chairman*

J. H. STYGALL, M.D.

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COMMITTEE ON VENEREAL AND COMMUNICABLE DISEASE

Concurrent with the growing concept of regarding venereal diseases as other communicable diseases transmissible from man to man, the scope of this committee has been enlarged this year to include those communicable diseases that might be problems to the general practitioner. Many problems in regard to venereal and other communicable diseases were investigated by the committee. The following report is somewhat lengthy due to the statistics included. The committee felt in reviewing these figures, however, that certain trends in the various diseases were manifested by the statistics as given. This information was thought to be valuable enough to be presented in this report in order that it might be available to all physicians.

In the last 25 years the veil of secrecy has been lifted from the venereal diseases. Today articles appear by the score in not only scientific journals, but magazines commonly read by the laity. Many articles have appeared in print in our leading journals and in the newspapers concerning increase in venereal disease rates in the United States and pointing the finger directly at the problem of teen-age sex problems. The statistics given are based upon fiscal years. The case rate for the United States as regards all cases of syphilis reported was 76.3 cases per 100,000 population. With Indiana case rate nearly the same as the average United States case rate, it places Indiana 19th in the list of states as regards total syphilis. This would indicate an increase in syphilis in Indiana. In 1954 Indiana was in 30th position among the list of states. If we consider primary and secondary syphilis alone, Indiana ranked 23rd in fiscal 1955 with a case rate of 14.1 cases per 100,000 population as compared to 17.7 cases per 100,000 population in the United States as a whole.

According to the cases of gonorrhea reported, Indiana ranked 40th in the list of the states with a case rate of 41.63 cases per 100,000 population as compared to the case rate of 149.3 cases per 100,000 population for the entire United States. A

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comparison of total cases of primary and secondary syphilis reported in Indiana on the basis of calendar year, has shown a steady decline since 1950.

1950—369 cases 1951—352 cases 1952—156 cases
1954—109 cases 1955—92 cases

The overall picture then, shows that the number of primary and secondary cases of syphilis has remained fairly static for the last 5 years. There were no cases of congenital syphilis reported in 1955 under 4 years of age.

A comparison of the cases reported on gonorrhea in Table I will reveal that the number of cases of gonorrhea has slowly declined during the calendar years 1950 through 1955; however, here too, the condition has been somewhat static.

Table I
Venereal Diseases Reported in Indiana
1946-1955*

Year	GONORRHEA		Case Rate Per 100,000 Pop.
	Est. Pop.	Cases Reported	
1946	3,744,400	2288	61.1
1947	3,795,000	2855	75.2
1948	3,845,600	2816	73.2
1949	3,896,300	2908	74.6
1950	3,946,900	5708	144.6
1951	3,995,900	2376	59.5
1952	4,048,100	2194	54.2
1953	4,173,019	1795	43.0
1954	4,263,739	1732	40.6
1955	4,306,995	1822	42.3

SYPHILIS		
1946	7190	192.0
1947	5422	142.9
1948	5284	137.4
1949	5243	134.6
1950	6408	162.4
1951	3768	94.3
1952	2695	66.6
1953	2097	50.3
1954	2979	69.9
1955	2610	60.6

* Case rate per 100,000 population.

Concerning the teen-age problem and venereal disease, the figures for Indiana for the past several years reveal a static situation with little change.

For those individuals who point out that the age of greatest risk should be considered more than forming a case rate against the population as a whole, specific age rates are given in the following table:

Table III
Age specific Case Rates, Indiana, for Syphilis (Primary and Secondary) Gonorrhea, 1950-1955, Ages 1 through 19 and 20 through 24

	Syphilis (Primary and Secondary)				Gonorrhea			
	Ages 1-19		Ages 20-24		Ages 1-19		Ages 20-24	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1950	46	3.7	81	27.0	482	38.6	1058	352.7
1951	49	3.8	81	27.6	536	41.6	845	287.4
1952	26	2.0	37	12.8	452	34.0	767	266.3
1954	14	1.0	24	8.7	390	27.7	611	221.4
1955	10	0.7	21	7.8	325	22.4	644	238.5

* Per 100,000 population in age group.
No figures for 1953.

A total of 197,449 blood specimens were examined in 1955 by the State Board of Health Laboratory. Thirteen thousand four of these were positive or doubtful reactors. Many of these blood specimens were repeat specimens upon the same patient, requested by the physician following therapy. Included in the total specimens examined in 1955, there were 19,482 specimens examined for premarital requirements. It is interesting in this connection to note that more than 120,000 individuals applied for marriage licenses in 1955. From these figures it is readily apparent that less than approximately 1/6 of the premarital serological tests for syphilis were performed in the State Board of Health Laboratories, and the balance were performed in private laboratories. There are no statistics available as to the number of serological tests for syphilis performed in private laboratories or hospital laboratories. In regard to serological testing, the committee took note that of the total blood specimens, examined at the State Board of Health Laboratories, 42,898 were prenatal bloods. As Indiana's birth rate is in excess of 110,000 annually, physicians are urged to use every means possible to insure protection of

INDIANA—V. D. STATISTICS
Calendar Year

Table II											
	Under 1	1- 4	5- 9	10- 14	15- 19	20- 24	25- 29	30- 34	35- 84	Unk.	Total
SYPHILIS—1950											
Primary and Secondary		2	1	4	39	81	73	43	112	14	369
GONORRHEA—1950	1	6	11	25	440	1058	534	225	176	14	2490
SYPHILIS—1951											
Primary and Secondary		2	1	7	39	81	66	49	88	19	352
GONORRHEA—1951	2	2	5	23	506	845	538	216	178	22	2337
SYPHILIS—1952											
Primary and Secondary		1	3	1	21	37	31	14	30	18	156
GONORRHEA—1952	2	2	11	22	417	767	517	257	177	46	2218
SYPHILIS—1954											
Primary and Secondary				2	12	24	17	13	31	10	109
GONORRHEA—1954	1	3	10	27	350	611	403	173	112	46	1732
SYPHILIS—1955											
Primary and Secondary				2	8	21	14	13	23	11	92
GONORRHEA—1955	3	4	14	17	290	644	348	203	166	68	1757

newborn infants by early prenatal testing of the mother. A local County Medical Society in the state, in cooperation with the local health department, attacked this problem after reviewing the fact that in their county 40% of the women came to delivery without prenatal blood test. An arrangement was made with the local hospital, whereby, a miniature X-ray film, a serological test for syphilis, a complete white, red, and differential blood count, hemoglobin, and urinalysis were performed for a flat fee of \$5.00. All reports are sent to the private physician to be entered in that patient's prenatal record. It is the hope of the County Medical Society that they will raise the number of prenatal examinations to nearly 100% by this method.

The obvious point from the above statistics is that venereal diseases are not licked. Adequate treatment for syphilis has been available for 10 years. With sulfanilamide, and later penicillin, adequate treatment has been present for 20 years against gonorrhea. More than 85% of the venereal disease cases reported to the Indiana State Board of Health are diagnosed and treated by private physicians. This in itself, is highly desirable. With the venereal disease rates remaining rather constant, however, some thought might be given by the private physician to utilization of contact investigators and interviewers to bring source cases of infection to treatment.

The committee feels that if the individual physician will consider each case carefully and consider increasing the dose of antibiotic that much can be done to cut down the incidence of venereal disease. This is especially true in regard to the large number of early latent cases of syphilis reported to the State Board of Health indicating that they were missed as cases of primary syphilis. This can be accounted for by concomitant infections, that is, the individual being infected both with gonorrhea and syphilis at the time of exposure, the acute gonorrhea requiring visits to the physician for treatment. If insufficient penicillin is given to the patient, the gonorrhea may be cured and the syphilis may be masked. As a result, the individual may pass into the latent stage of syphilis unaware that he is infected. Because of the migration of peoples throughout the state and from other states, it is felt that sufficient antibiotic therapy should be given to every case of gonorrhea to cure any possible concomitant disease. Another explanation for the increased numbers of latent cases of syphilis as compared to primary and secondary cases, lies in the fact that antibiotics are so widely used in medical practice that an individual might receive an antibiotic for some other disease, thus, his luetic infection be masked and not recognized until a latent stage.

In reviewing the venereal figures the committee took note of the fact that military installations in Indiana are increasing in size. With increased numbers of personnel there has been a rise in the

reported incidence of venereal disease among the military. Often times the military person seeks treatment from a private physician. Private physicians are urged to keep this in mind when treating military personnel, and to make every effort to ascertain the facts surrounding the source of the infection and to bring the source case to treatment.

Constant improvements are being made in laboratory techniques with the standard serological tests for the diagnosis of syphilis. In spite of the excellence of these tests compared to those of 20 or 30 years ago, they are inadequate for all cases. With so many variable factors in each test and different individuals performing the tests, it is possible to have contradictory laboratory reports on the same patient's blood. In this regard the committee wishes to call attention to the Treponema Immobilization Test. This test is performed with the patient's blood serum and the living spirochete of syphilis. It is an extremely useful tool for the private physician to rule out in those questionable cases that deny exposure, and have never had any symptoms of syphilis, the possibility of a false biological positive serological test for syphilis. Until recently it was necessary to send blood specimens out of the state for examination. At the time of the submitting of this report the committee is pleased to announce that the Indiana University School of Medicine and Hospitals general laboratory, Serological Section, under the direction of Lou Mazzini, is now prepared to offer this service to the physicians of Indiana. Individual physicians and laboratories desiring more information on this test should contact the Indiana University School of Medicine and Hospital Laboratories. There are certain criteria in regard to the submitting of blood specimens and spinal fluid specimens prior to the running of the Treponema Immobilization Test. Because of the costliness of the antigen involved in this test and the fact that each test requires the use of laboratory animals, it will be necessary that a charge be made to cover the cost of the procedure.

The committee then considered the incidence of other communicable diseases in the State of Indiana. Refer to Table IV.

Table IV
Top Ten Communicable Diseases in Indiana
1955

Rank	Disease	Number of Cases Reported
1	Chickenpox	5,032
2	Measles	3,854
3	Influenza	3,517
4	Mumps	3,383
5	Streptococcal Infection	3,314
6	Syphilis	2,610
7	Pertussis	1,966
8	Gonorrhea	1,822
9	Pneumonia	1,219
10	Infectious Hepatitis	624

The figures included in this table are based upon those cases reported to the Indiana State

Board of Health through local health departments. It is understood that not all cases of the childhood diseases are reported. Diseases such as smallpox and malaria have been eliminated as threats to health in Indiana due to the cooperation of the practicing physicians and health authorities. Because of the migration of our people in the United States from one area of the country to another, however, the physician must be constantly alert to the possibility of seeing these diseases. In this regard, witness the outbreak of diphtheria in northern Indiana early in 1956. In order to determine the severity of any particular infection, laboratory tests are often a great help in the control of a certain case.

Laboratories can offer assistance in typing of organism and virulence tests. Many of these individuals are charity cases and would not be able to bear the expense of such tests. In this connection the committee recognizes the various factors involved and advocates these tests be done in keeping with the custom of the community. For the benefit of tracing a disease, however, the physician is urged to report a typhoid carrier with phage type to the Indiana State Board of Health. In the advent of any outbreak of typhoid fever such information is of great assistance in tracing an outbreak.

Viral diseases are constantly assuming more importance. It is becoming more recognized that the diagnosis of "virus disease" is insufficient. Where possible, a patient suffering from encephalitis should be classified as to the type of encephalitis he is suffering from. The committee calls your attention to the outbreak of St. Louis encephalitis in Indiana in the fall of 1955. The Indiana State Board of Health and local health authorities can give assistance to the private physicians and county medical societies in doing epidemiological studies, involving complex laboratory tests for diagnosis and assessment of the problem as regards the community's health.

The incidence of pertussis and diphtheria and the number of individuals still dying in infancy from whooping cough was considered by the committee. The committee believes that emphasis should be placed on immunization of the population against smallpox, diphtheria, tetanus, pertussis and poliomyelitis. The committee calls your attention to an immunization chart in the July issue 1956, of the Indiana State Medical JOURNAL. It is suggested the Indiana State Board of Health send a copy of chart to every physician in Indiana.

With the increase in the number of rabid animal heads being examined in laboratories in the state and the occurrence of one human death from rabies early in 1956, the committee wishes to call attention of physicians to two new products that are available. One of these products is Hyperimmune Serum. This serum is prepared from laboratory animals who have been infected with rabies virus. The animal is bled and the blood serum is purified.

This blood serum, when given to a person exposed to a rabid animal, gives immediate passive immunity. It is extremely useful when given to individuals while waiting for laboratory reports on suspected animal brains. In some cases where the animal's head turns out to be positive, it will be necessary to proceed with the routine series of Pasteur vaccine injections. The committee has taken note of a new product available to the physician where the rabies vaccine is made from duck embryos. This vaccine has been prepared so that the amount of foreign protein from the central nervous system of the embryo is minimal. Most authorities agree that the reactions and hazards of encephalitis in the administration of Pasteur vaccine are due not to the rabies virus present but to minute quantities of foreign protein material from the central nervous system of the animal in which the vaccine was prepared. Dosages of Hyperimmune Serum and Pasteur vaccine are given in a table of immunizations in the July issue of the Indiana State Medical JOURNAL.

In summary of the entire problem of Venereal and Communicable Disease Control, the committee is of the opinion that there is too much complacency on the part of the public and the profession as regards the common communicable diseases. So much has been written in the literature, both lay and professional, concerning the new miracle drugs, that people believe that communicable diseases are

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no longer with us. In order to better control the spread of disease in the state, the committee urges all physicians to report cases of communicable disease that they may treat.

The committee compliments the physicians on the fact that 85% of the cases of venereal diseases reported to the State Board of Health were reported by private physicians. This speaks well that the 85% were reported. Attention is called to a county in the state where the local health officer with the approval of the county medical society has arranged for his secretary to call the office of each physician every Friday. It has been arranged in the communicable disease regulations of the state that telephone reports are acceptable. Since the health officer and the county medical society of this county have set up this practice, the reporting has increased tremendously and the health officer and the physicians of that county feel that they have an accurate knowledge as to what diseases are prevalent in their community. The committee has recommended that the Indiana State Board of Health review and revise its regulations in regard to the communicable diseases of the state. Any physician having suggestions as to changes that should be made in the communicable disease

regulations of the state is urged to write to the chairman of this committee, giving his recommendations.

FRANK M. GASTINEAU, M.D., *Chairman*
A. L. MARSHALL, JR., M.D., *Secretary*
W. L. DALTON, M.D.
M. E. TOMAK, M.D.
C. E. CANADAY, M.D.

COMMITTEE ON VETERANS' AFFAIRS AND REHABILITATION

Veterans' Affairs and Rehabilitation Committee met on several occasions during the past year, both in its separate capacity as your committee, and in joint meetings with the American Legion Liaison Committee, at which meetings a complete revision of the Veterans Administration Home Service Committee fee schedule was undertaken. This revision had the permission of the Council, and was first submitted to the State Liaison Committee for approval, and then submitted in its final form to the Council of the State Association for approval.

Upon the Council's recommendation, this fee schedule was submitted to the Veterans Administration in Washington, D. C., by the President, Dr. Walter U. Kennedy, and the Executive Secretary, Mr. James Waggener, who state they experienced no difficulty whatsoever in having it approved by the Veterans Administration.

This committee feels that this schedule, as of the date of its approval, was the best schedule in effect in this territory, which includes the states of Michigan, Illinois, Indiana, Ohio and Kentucky.

Your committee notes that the State Association has in the past failed to live up to its contractual obligation with the Veterans Administration in that no revised list of physicians interested in partaking of the Veterans Administration Home-Care program has been submitted to the local Veterans Administration offices, and your committee respectfully suggests that such a list be formulated by counties and revised each six months for submission to the Veterans Administration.

JAMES W. CRAIN, M.D., *Chairman*
A. F. YORK, M.D.
HUGH A. KUHN, M.D.
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THE JOURNAL

The members of the editorial and business staff of THE JOURNAL are happy to report on another year of successful publication.

A statement of receipts and disbursements is included in the report of the Treasurer of the Association. Summary of some of the mechanical features of THE JOURNAL are in the Report of the Executive Committee. As in several former years, increase in cost of publication has been balanced by an increase in advertising contracts and by an increase in membership.

We have received an adequate number of scientific contributions. An unusual number of articles were received during the summer months, a period commonly thought to be rather unproductive.

Several of the staff attended the State Medical Journal Conference at A. M. A. Headquarters in November, 1955 and were gratified to find that THE JOURNAL was rated by a publication consultant as one of the top three journals in the country.

FRANK B. RAMSEY, M.D., *Editor*

AMENDMENTS TO CONSTITUTION

To be voted on at the Indianapolis Session, 1956

At the 1955 annual convention at Indianapolis, the House of Delegates adopted the following report of the Reference Committee on Amendments to the Constitution and Bylaws:

- (1) "Your reference committee has considered the proposed amendment to Article VI of the Constitution, which proposed amendment is as follows:

"That Article VI be amended as follows: By striking out of the first sentence the following numbers and words: "(1) the Councilors, and (2) ex officio the President, President-elect, and Treasurer," and substituting in lieu thereof the following:

"Councilors elected by the component district societies. The members of the Executive Committee shall be ex-officio members without the power to vote."

"The gist of the proposed amendment to Article VI of the Constitution is to deny the President, President-elect and Treasurer the power to vote in the Council meetings. Your reference committee has unanimously decided this amendment as proposed should be rejected but that said Article should be amended by adding after the word 'Treasurer' the words, 'with power to vote.'" (Adopted.)

- (2) "Your reference committee has considered the proposed amendment to Article IX, Section 2 of the Constitution, which proposed amendment is as follows:

"That Article IX, Section 2, be amended by adding thereto after the word "annually,"

the following sentence: "No Councilor shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment." "

"The gist of this proposed amendment is to limit the eligibility of members to two consecutive three-year terms as councilors. Your reference committee has unanimously decided this proposed amendment to the Constitution should be approved for adoption." (Adopted.)

(In accordance with the Constitution, the above has been published in THE JOURNAL of the Indiana State Medical Association in issues of December, 1955 and October 1956, and final action is to be taken at this meeting.)

RESOLUTIONS

RESOLUTION NO. 1

Subject: ESSAY CONTESTS

Submitted by: 1956 COMMITTEE ON ESSAY

WHEREAS, a committee of the I.S.M.A. was appointed in 1955 to promote an Essay Contest for Indiana students to write on the advantages of private medical care, or on the advantages of the American free-enterprise system, for the obvious reason that the practice of medicine cannot remain on a voluntary free-enterprise basis unless present and future students in our schools have an opportunity to learn something about the advantages of the free-enterprise system, and

WHEREAS, the \$100 allotted to the Essay Committee by the 1956 Budget Committee for the implementation of this subject is far too little, and

WHEREAS, the propaganda of collectivism that is being taught in our schools requires prompt and extensive refutation on a scale commensurate with the need, now,

THEREFORE BE IT RESOLVED, that the I.S.M.A. in official session this — day of October 1956 urge each County Medical Society and its Auxiliary to at once develop plans to promote this Essay Contest for competitive awards in 1957, using local funds for promotion and awards at county level, and,

BE IT FURTHER RESOLVED, that a more realistic budget of at least \$5,000 be made available to the Essay Committee to buy the necessary libertarian literature for distribution to counties having participants, and to advertise such an Essay Contest with a state-level first prize of \$500; second prize of \$300; third prize of \$200, and six honorable mention prizes of \$50 each, through such newspaper, radio or television outlets as will best accomplish a wide participation of contestants. Plato has well said, "The penalty good men pay for indifference to public affairs, is to be ruled by evil men."

RESOLUTION NO. 2

Subject: CORPORATE PRACTICE OF
MEDICINE
Submitted by: TIPPECANOE COUNTY
MEDICAL SOCIETY

WHEREAS, under the laws of Indiana, the practice of medicine is restricted to those persons who have been duly licensed by the state; and

WHEREAS, under the statutes of this state it is unlawful for a corporation to practice medicine; and

WHEREAS, when a corporation maintains a department such as pathology and radiology which is operated by a licensed physician under independent contract, such corporation may not give such physician directions or instructions relative to diagnosing or treating ailments or disease without thereby destroying the relationship of independent contract and violating the laws of Indiana; and

WHEREAS, all medical regulations are designed to produce the best possible care and service for the patient;

THEREFORE BE IT RESOLVED, that a corporation or person not licensed to practice medicine may not give directions or instructions in the diagnosis or treatment of ailments to a licensed physician and surgeon and when such an attempt is made that it be brought to the attention of the Indiana State Medical Association through proper channels for such action as its proper officials or committees may deem proper or applicable.

Robert C. McAdams, M.D., Secretary
Tippecanoe County Medical Society

Adopted by Council of I.S.M.A.
August 5, 1956

RESOLUTION NO. 3

Subject: STATE MEDIATION COMMITTEE
Submitted by: INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, the practice of medicine is restricted to those physicians duly qualified and licensed by the State of Indiana, and

WHEREAS, when a corporation maintains a department such as pathology and radiology which is operated by a licensed physician under independent contract, such corporation may not give such physician directions or instructions relative to diagnosing or treating ailments or disease without thereby destroying the relationship of independent contract and violating the laws of Indiana, and

WHEREAS, the best patient care and service is rendered by physicians when they have the freedom and privileges of individual practitioners of medicine beyond the control of lay bodies or corporations, and

WHEREAS, the rules and regulations of the Hospital Licensing Council hold such independent

contractors as pathologists and radiologists responsible for the proper operation of their departments, and

WHEREAS, in differences of opinion between the administrators of such corporations as, for example, a hospital, and members of the medical staff, the medical staff of the local county medical society, and all other local bodies may be unsuccessful in resolving these differences in the best interest of patient care,

THEREFORE, be it resolved that when there is a controversy in which a physician alleges that a hospital or a corporation interferes with the ethical practice of medicine, such controversy may be brought to the attention of the Indiana State Medical Association through proper channels for such action as its proper officials or committees may deem proper or applicable.

Adopted August 7, 1956

Council, Indianapolis Medical Society

RESOLUTION NO. 4

Subject: OPTOMETRISTS' LEGISLATIVE DRIVE
Submitted by: COUNCIL, INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, in other states efforts have been made by optometrists to expand their areas of operation to the exclusion of physicians; and

WHEREAS, these efforts have included legislation to limit to optometrists the right to examine people for spectacles, and to limit the prescription, sale or dispensing of eye glasses to practitioners of that profession; and

WHEREAS, these same legislative efforts call for optometrists to be granted the privilege to examine eyes for medical and surgical purposes, use and prescribe medication of all kinds and to perform surgery; and

WHEREAS, the hiring of optometrists by physicians for the purpose of doing refractions oftentimes is misconstrued by the public and works to give weight to the above-mentioned legislative drive of optometrists; now, therefore

BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association by official action alert its committee on public policy and legislation to any effort in the 1957 and subsequent sessions of the Indiana General Assembly by optometrists to expand their areas of practice; and

BE IT FURTHER RESOLVED, that this House of Delegates declare that it is unethical for a physician to employ the services of an optometrist to do refractions or render other services under the guise and protection of the practice of medicine; and

BE IT FURTHER RESOLVED, that the intent of this resolution be carried to the House of Delegates of the American Medical Association by Indiana's delegates to that body.

Adopted August 7, 1956

Council, Indianapolis Medical Society

RESOLUTION NO. 5

Subject: ELIGIBILITY FOR SENIOR MEMBERSHIP

Submitted by: FORT WAYNE (ALLEN COUNTY) MEDICAL SOCIETY

WHEREAS, the age of sixty-five years has become generally accepted as the age of retirement; and

WHEREAS, there are few members of the medical profession remaining in active practice during the years just preceding the age of seventy-five; and

WHEREAS, it is believed that members of the medical profession who attain the age of sixty-five years have contributed sufficient monetary assistance to their county and state medical organizations by virtue of having paid membership dues during a period of approximately thirty-five years; now therefore be it

RESOLVED, that the Allen County Medical Society does hereby go on record as favoring the reduction of age limit for observance of Senior Membership in this Society and in the Indiana State Medical Association from the age of seventy-five years to the age of sixty-five years; and be it further

RESOLVED, that this resolution be brought to the attention of all County Medical Societies in the State to seek their active support of its adoption at the state level, and be it further

RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for consideration at its annual meeting to be held on October 15, 16, 17 and 18, 1956, at Indianapolis.

Adopted this fifteenth day of May, 1956

Fort Wayne (Allen County) Medical Society
C. H. Warfield, M.D., Secretary

RESOLUTION NO. 6

Subject: CHARGE TO SENIOR MEMBERS FOR THE JOURNAL OF I.S.M.A.

Submitted by: FORT WAYNE (ALLEN COUNTY) MEDICAL SOCIETY

WHEREAS, the 1955 membership roster of the Indiana State Medical Association indicates there were two hundred fifty-eight (258) physicians qualifying as Senior Members in the State Association; and

WHEREAS, said Senior Members are required to pay the regular annual subscription price of three dollars (\$3.00) if they desire to receive THE JOURNAL of the State Association; and

WHEREAS, it is a provision of the Constitution and By-Laws of the I.S.M.A. that to qualify as a Senior Member a physician must have held membership in said Association for twenty years or more; and

WHEREAS, it is believed such requirement represents substantial monetary support to the State

Association by the individual physician; now therefore be it

RESOLVED, that the Allen County Medical Society does hereby go on record that all Senior Members of the State Association be sent THE JOURNAL on a gratis basis as a complimentary gesture of the State Association; and be it further

RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for adoption at its next annual meeting to be held on October 15, 16, 17 and 18, 1956, at Indianapolis, Indiana.

Adopted this third day of April, 1956

Fort Wayne (Allen County) Medical Society
C. H. Warfield, M.D., Secretary

RESOLUTION NO. 7

Subject: CHANGE IN DUES DATE

Submitted by: INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, there appears to be considerable conflict on delinquent dates for payment of annual dues between the Indiana State Medical Association and the various component county societies; and

WHEREAS, the dues date for delinquencies now established as February 1 by the State Association works a hardship and inconvenience on many members because the period of January 1 to February 1 of any year brings a heavy financial outlay in terms of taxes, heavy year-end bills and the like; and

WHEREAS, a later delinquent date would more nearly bring the State Association in conformity with the various component county societies and would ease a heavily concentrated financial burden on the members; now

THEREFORE, be it resolved that the By-Laws of the Indiana State Medical Association be amended to provide for a delinquent date of April 1 of any year instead of February 1 as now provided.

Indianapolis Medical Society
Adopted August 7, 1956

RESOLUTION NO. 8

Subject: REGARDING DIRECTORS OF BLUE SHIELD

Submitted by: LA PORTE COUNTY MEDICAL SOCIETY

WHEREAS, in the phenomenal development of Blue Shield it has adhered to the purpose stated in the Resolution adopted by the House of Delegates of the Indiana State Medical Association on January 27, 1946, and in the original By-Laws of Blue Shield, both of which committed it to the Plan of having on its Board of Directors a widely democratic representation of the entire medical profession; and,

WHEREAS, the size and nature of Blue Shield has made it a large business institution of the kind that, for its own growth, protection, and prop-

er management, requires in the Board of Directors the elements of continuity and experience as well as of responsive, widely democratic representation of the medical profession,

NOW, THEREFORE, BE IT RESOLVED, that the right and privilege of the Medical Association stated in the original Resolution that brought Blue Shield into existence, in its Articles of Incorporation and in its By-Laws, to designate by recommendation and approval the physicians who are to be elected to the Board of Directors and to constitute a majority thereof—should be exercised in such a method as to provide the degree of flexibility, wide representation and continuity of responsibility believed to be best calculated to assure the accomplishment of the purpose of its being; and that such method should be as follows:

1. There should be one representative selected from each Councilor District; and the District itself, through whatever method it chooses, should determine the manner in which its representative shall be chosen, and such manner of choice may be by election in a District meeting, by ballot by mail, by ballot taken at the meetings of County Societies or any other manner which gives a fair opportunity for all members of the profession in the District to express their choice.

2. Each District should have the right to decide what limitations, if any, it may place upon the number of successive terms its Representative Director may serve.

3. In order that there may be representation on the Board of the various specialties in medicine and in general practice, on a basis that will be acceptable and satisfactory to the entire profession, Blue Shield should be requested to send a notice to the Secretary of each County Medical Society, and a copy of such notice to the Executive Secretary of the Indiana State Medical Association, at least three months before the annual meeting of the members of Blue Shield in which Directors will be elected, which notice should contain the following:

(a) The names of all the physician members of the Board of Directors and the kind of practice, as to whether general or special, and if special, the kind of specialty in which each physician is engaged.

(b) The names of the physicians whose terms of office will expire at the time of the next election meeting of the members of Blue Shield.

(c) A request that each District whose District member's term expires at the next meeting of the members of Blue Shield, designate the District Director recommended by the District for election.

AND BE IT FURTHER RESOLVED, that the Council of the State Medical Association, on behalf of the Association, make recommendations and designations to Blue Shield as to those physician members of the Board of Directors who are not

selected as District Representatives; and that Blue Shield be requested to send to each member of the Council a notice regarding the election of Directors in the same form as the notice to be sent to the Secretaries of the County Medical Society, at least 10 days in advance of the last meeting of the Council preceding the date of election of the Blue Shield Directors; and that the Council should decide what limitations, if any, it will place upon the number of successive terms Directors recommended by it may serve.

RESOLUTION NO. 9

Subject: INTRAVENOUS ADMINISTRATION BY NURSES

Submitted by: FORT WAYNE (ALLEN COUNTY) MEDICAL SOCIETY

WHEREAS, it has become accepted practice for registered professional nurses to perform venipunctures and the intravenous administration of fluids and medications; and

WHEREAS, the Attorney General of the State of Indiana holds specifically that the administering of fluids intravenously by nurses is not a violation of the present law and is not illegal; and

WHEREAS, such treatment has become an important part of medical care and would become an essential part of any civilian defense or disaster program, and it is a time-consuming procedure which could be more economically provided to the patient by nursing personnel in order to permit the medical profession to extend medical services for which the needs are so great; and

WHEREAS, there is need for more competently trained nursing personnel to perform such services; now therefore be it

RESOLVED, that this Society now declares the performance of venipunctures and the intravenous administration of fluids and medications performed under the supervision or direct orders of a physician by a registered professional nurse competently trained in the administration of such treatments to be within the scope, practice, and custom of nursing practice; and be it further

RESOLVED, that this Society recommends to the Indiana State Board of Nursing Registration and Nursing Education that instruction in such technique and treatment be included in the prescribed curriculum of the schools of nursing under the jurisdiction of said Board, and that hospitals and schools be encouraged to make such training available to practicing registered nurses to the end that there may be a substantial increase in the number of nurses qualified to perform such treatment; and be it further

RESOLVED, that this program be accepted only by each hospital on recommendation of its medical staff; and be it further

RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for

adoption at its next annual meeting to be held on October 15, 16, 17 and 18, 1956, at Indianapolis, Indiana.

Adopted this sixth day of March, 1956.

Fort Wayne (Allen County)
Medical Society
C. H. Warfield, M.D., Secretary

RESOLUTION NO. 10

Subject: OPPOSING TECHNICIANS SUBSTITUTING FOR NURSES IN SURGERIES AND DELIVERY ROOMS
Submitted by: MADISON COUNTY MEDICAL SOCIETY

WHEREAS, it is becoming the tendency for hospitals to have technicians scrub and assist in surgeries and delivery rooms in place of nurses, and

WHEREAS, such technicians are not adequately trained or qualified to assume such responsibilities, and

WHEREAS, such technicians are not familiar with the importance of asepsis and do not realize the necessity of maintaining complete sterile technique during all surgical and obstetrical procedures, due to their lack of knowledge of bacteriology, etc., and

WHEREAS, the use of said technicians by hospitals prohibits the student nurse receiving the surgical and obstetrical training to which she is entitled, thus causing dissatisfaction and unrest among the student and registered nurses,

THEREFORE BE IT RESOLVED, that we, the members of the Indiana State Medical Association in regular session assembled this 18th day of October 1956, do hereby unequivocally oppose having hospitals substitute technicians to scrub and assist in surgical and obstetrical procedures in place of student or graduate nurses.

BE IT FURTHER RESOLVED, that a copy of this resolution, if adopted by the Indiana State Medical Association House of Delegates, be forwarded to the American Medical Association, the American Nurses Association and the National League of Nursing, all County Medical Societies, and to the superintendents of all hospitals in the state of Indiana, along with a letter urging them to oppose this unsound practice.

This Resolution was passed by the Madison County Medical Society at its regular meeting, May 21, 1956.

RESOLUTION NO. 11

Subject: AGAINST FEE SCHEDULES
Submitted by: COUNCIL, INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, the establishment of fixed fee schedules is an encroachment on the free enterprise system in this country; and

WHEREAS, such "average" fee schedules rapidly

become the maximum schedule after establishment in any community; and

WHEREAS, it would appear that average fee schedules actually would work financial hardship on many people in terms of increased medical costs and increased insurance premiums; and

WHEREAS, there appears to be some doubt in regard to the legality of establishment of fixed fee schedules in terms of possible violation of regulations prohibiting restraint of trade; and

WHEREAS, Indiana is shown in national surveys to be at least a medium or below medium fee area; and

WHEREAS, competition in any community actually already results in establishment of an unwritten fee schedule; and

WHEREAS, a fixed fee schedule will be widely misinterpreted and misunderstood by the public in any community with claims that individual doctors have violated the schedule, didn't tell them in advance that his service would be higher than the schedule; and

WHEREAS, such misunderstandings and misinterpretations would result in worse, not better, public relations for the profession as a whole, and

WHEREAS, establishment of fee schedules will not prevent or head off establishment by labor groups of their own clinics or closed panels but, instead, will be playing directly into the hands of those who would regiment and control the practice of medicine, now

THEREFORE BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association rescind action taken at its 1955 meeting which urges that component county societies work toward effecting the establishment of such schedules; and

BE IT FURTHER RESOLVED, that if this resolution be adopted, all secretaries and presidents of component county societies be advised by direct communication of this action which takes the State Association off the record as urging or favoring establishment of such average or fixed-fee schedules.

Adopted August 7, 1956
Council, Indianapolis Medical Society

RESOLUTION NO. 12

Subject: REORGANIZATION OF COMMITTEES AND THEIR FUNCTIONS
Submitted by: RUSH COUNTY MEDICAL SOCIETY

WHEREAS, in the organization of the Indiana State Medical Association it is evident that there are many committees that have poorly defined duties, that apparently many functions of the committees are overlapping, and that representation throughout the state is not equitable,

BE IT RESOLVED: We propose that the House of Delegates consider and study the feasibility of

reorganization of the committees and their functions, as is best fitted to the needs of the Indiana State Medical Association.

This resolution was passed unanimously by the Rush County Medical Society on July 6, 1956.

RESOLUTION NO. 13

Subject: HOSPITAL RESIDENCIES

Submitted by: COUNCIL, INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, the physicians of the United States expected to be treated fairly by each other and by the medical institutions in which they work, and the best interests of the patients and of American Medicine are fostered by such fair play, and

WHEREAS, the same principle of fair play should be manifested by the American Medical Association through its various committees in their policies with respect to the accreditation of the training programs of American educational institutions and hospitals as carried out by the latter's staff physicians, and

WHEREAS, the reputation of educational institutions and hospitals, and the welfare of the physicians who work in them, are adversely affected by the summary withdrawal or down-grading of accreditation of the intern and/or residency training programs of these institutions without due no-

tice, and consequently without opportunity to question the desirability of such changes or to correct such deficiencies as may be adjudged to exist in such programs by committees of the American Medical Association;

NOW THEREFORE, BE IT RESOLVED, that henceforth a minimum of six months' notice shall be given to all accredited educational institutions and hospitals of any intended change in the accreditation of their medical training programs, with the opportunity given such institutions, within the notice period, to be heard with respect to the desirability of such change or to demonstrate that there have been corrected such deficiencies as may have prompted the change, and

BE IT FURTHER RESOLVED, that the withdrawal or down-grading of the accreditation of the medical training program of any such institution shall be made effective only after the failure of such institution to make the aforesaid showing within such six months' notice period, and

BE IT FURTHER RESOLVED, that upon approval of this resolution by the House of Delegates of the Indiana State Medical Association in annual meeting assembled, it shall be brought before the interim meeting of the House of Delegates of the American Medical Association in Seattle, for their approval or rejection.

Adopted September 4, 1956

Council, Indianapolis Medical Society

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Booth	Company and Products	Booth	Company and Products
73-74	BAKER BROTHERS, Indianapolis Frank M. Jones, Mrs. Frank M. Jones, Ernest Daniels. We invite you to once again visit our booth and see the latest in Invalid and Sick Room equipment available for rental and sale. We want to thank you for your continued patronage and hope we may continue to be of service to you. Frank M. Jones, Mrs. Frank M. Jones, and Ernest Daniels will be looking forward to seeing you.		blood administration set it is possible to administer blood under pressure without the risk of an air embolism. The new Sera-Vac blood bottle and a new pediatric scalp vein set will also be featured.
64	THE BAKER LABORATORIES, INC., Cleveland 3, Ohio R. W. McNamara You are invited to visit our booth where Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display. Baker representatives will be glad to discuss the practical application of Grade A milk, adjusted fat composition, zero curd tension, synthetic vitamins and other important factors which help to eliminate many of the problems in modern infant feeding.	80	BEECH-NUT PACKING COMPANY, New York 11, New York Beech-Nut now has a sample size package of cereal. Come to this exhibit to see these new packets as well as to obtain information on— 1) Baby Foods for the geriatric patient. 2) Feeding the allergic infant.
39	BARD-PARKER COMPANY, INC., Danbury, Connecticut Charles W. Petzold, Frank Wittland RACK-PACK . . . gross and half gross units of B-P Rib-Back Surgical Blades ready for sterilization in a matter of seconds. Saves time and labor in the O.R., prevents costly, accidental damage to sharp edges. B-P knife handles, B-P blade forceps, B-P Germicide, Chlorophenyl, sterilizing containers, transfer forceps, "C.F." Pipettes and Reese Dermatome.	1	PROFESSIONAL MANAGEMENT BLACK & SKAGGS, ASSOCIATES, INC. Henry Black, John Hogan, Harold Neff, Paul Evans MORE INCOME—MORE FREEDOM FROM DETAIL—MORE LEISURE TIME—BETTER PATIENT MANAGEMENT—BETTER PUBLIC RELATIONS Management Pays. Recent studies show that the average PM client enjoys a higher net income at a lower cost to the patient. Henry Black, John Hogan, Harold Neff and Paul Evans of PM will welcome the opportunity to discuss with you the business side of medicine. PM clients are urged to bring their friends to Booth No. 1, so that these men may explain the services that have been so valuable to more than a thousand physicians in the Midwest alone.
27	THE BOB BALL COMPANY, Indianapolis 4 Bob Ball, Wes White, Skip Hopper, Don Williams A real time-saver for doctors, the "Secretary" Copying Machine, which make direct one-step copies, without chemicals, acids, developers, fumes, inks or messy tanks; utilizes no negatives or special masters; a machine you doctors should not miss seeing. The "Secretary" Copying Machine clears up confusion about professional charges, because you or your assistant simply makes copies of the itemized Account cards and send the copies to your patients as a statement. You can send itemized statements and eliminate costly typing and proofreading. Extra copies of medical histories, correspondence, legal and insurance reports, patient instructions, and laboratory reports are some of the many uses you'll discover. The "Secretary" Copying Machine streamlines office procedures, releasing your nurse-assistant for more important duties. Her value will increase with every hour saved. Ask Don Williams, Wes White, or Skip Hopper for a demonstration of the Minnesota Mining and Manufacturing Company's "Secretary" Copying Machine.	108	BROOKS APPLIANCE COMPANY, Chicago 2, Illinois The Brooks Appliance Company will exhibit and describe in detail the technique of applying the combination pressure bandages. The moist medicated Primer Bandage plus the Dalzoflex Elastic Adhesive Bandage which are used in treating leg ulcers and phlebitis. Elastic Stockings, the Nulast Elastic Crepe Bandages and Surgical Instruments will also be displayed. W. C. Ayer will be in charge and will be pleased to greet you.
58	BAXTER LABORATORIES, INC., Morton Grove, Illinois The Baxter Laboratories, Inc. will present the Travert-Electrolyte solutions along with the blood transfusion equipment. With the R48	62	BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York J. W. Bolton, R. E. Tower, G. C. Middleton NEW PRODUCTS: The extensive research facilities of "B. W. & Co.", both here and in other countries, are directed to the development of improved therapeutic agents and techniques. Also much basic theoretical work in our laboratories and in cooperation with internationally known institutions is contributing to the reservoir of fundamental medical knowledge. Through such research "B. W. & Co." has made notable advances related to leukemia, malaria, diabetes, and diseases of the autonomic nervous system; and to antibiotic, muscle-relaxant, antihistaminic, and antinauseant drugs. An informed staff at our booth will welcome the opportunity to discuss our products and latest developments with you.
		79	THE CENTRAL PHARMACAL COMPANY Seymour, Indiana Norman Kolbe, Leonard Pfister The exhibit of The Central Pharmacal Company will feature Neocyten, for the relief of pain and muscle spasm; Uritral, an effective

Booth	Company and Products	Booth	Company and Products
	antiseptic and analgesic for urinary tract infections; and Biotres, an excellent bactericide and fungicide in ointment form. Literature and full information will be available at the booth. The booth will be attended by Mr. Norman Kolbe and Mr. Leonard Pfister.	82-83	CURTIS & FRENCH, Inc., Indianapolis 2, Indiana Jack Curtis, C. E. McCain, Don Graves, John Stouder, Bill Messerly and D. Archer Our display will feature the latest in instruments and equipment made by nationally known manufacturers. Visit us and ask what is new. An experienced staff will be ready to serve you throughout the convention.
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119	CHICAGO REFERENCE BOOK CO., Chicago 1, Illinois O. S. Potter, W. B. Hinton Sometime after the death of Noah Webster in 1843, the G. & C. Merriam Company, Springfield, Massachusetts, purchased the rights to Webster's Unabridged Dictionary that he had published for the first time in 1828. Hence, Webster's New International Dictionary, Second Edition with Reference History, is the true descendant of the original edition and based on the policies laid down by Noah Webster. We invite you to inspect the present modern edition, which we are exhibiting in booth No. 119, an educational and cultural tool of great value, necessary to every professional man and his family, and indispensable to office and home. It is truly the Foundation Book of Knowledge and the Cornerstone of any home or office library. Our booth representatives, O. S. Potter and W. B. Hinton, will be pleased to be of service to you and answer any questions that you may have in mind relative to this great reference work.	103	DePUY MANUFACTURING CO., INC., Warsaw, Indiana Charles "Tip" Welker, J. K. Landis DePuy Manufacturing Company, Inc., the pioneer firm in the fracture equipment industry, is proudly exhibiting many latest devices for the surgeon as well as innovations for the general practitioner. A complete line of traction apparatus, devices and supplies along with such products as colored arm slings, rib belts in varying styles, and many new products that will be shown for the first time. Trained factory representatives will be on hand to serve you.
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44-45	THE COCA-COLA COMPANY, Atlanta 1, Georgia Ice-cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Company, Indianapolis, Inc. and The Coca-Cola Company.	76	DICTAPHONE CORPORATION, New York 17, New York J. C. Shepley, W. H. Hoefener, Ray McShurley, R. R. Scherrer For busy doctors, Dictaphone Corporation features the Dictaphone Time-Master dictating machine—world's fastest way to dispatch routine paper work, best way to maintain complete, accurate case histories. Ideal for the general practitioner and specialist, the Time-Master with telephone recording records both sides of important telephone conversations. Remote Power Control places a dictating station in any number of locations such as examining rooms with all stations connected to a single recorder. For the modern hospital, Dictaphone Corporation offers the famous Telecord System of network dictation by phone. Telecord extends dictating facilities throughout the hospital and centralizes recording for immediate transcription to keep hospital records complete, accurate and up-to-the-minute. The Telecord System can be adapted to most internal dial telephone systems to provide record-keeping convenience at utmost economy.

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|-------|--|
| 112 | <p>THE DIETENE COMPANY,
 Minneapolis, Minnesota
 Earl Rohe, Cincinnati; Frank Pilato, Detroit</p> <p>Have YOU tasted MERITENE . . . the whole protein supplement that DOES taste good? Visit our booth, enjoy a MERITENE Milk Shake with its multiple nutritive values.</p> <p>While you're there, review the Dietene Diet based on DIETENE Reducing Supplement. It provides the rare combination of low calories (1000) with high intake of protein and all essential vitamins and minerals in an interesting, effective, SAFE weight reducing diet.</p> |
| 118 | <p>DOHO CHEMICAL CORPORATION,
 New York 13, New York</p> <p>DOHO CHEMICAL CORPORATION is pleased to exhibit:</p> <p>AURALGAN, the ear medication for the relief of pain Otitis Media and removal of Cerumen;</p> <p>NEW OTOSMOSAN, the effective, non-toxic ear medication which is Fungicidal and Bactericidal (gram negative-gram positive) in the suppurative and aural dermatomycotic ears;</p> <p>RHINALGAN, the nasal decongestant which is free from systemic or circulatory effect and equally safe to use on infants as well as the aged.</p> <p>Malon Chemical Corporatino, Subsidiary of the Doho Chemical Corporation, is also featuring:</p> <p>RECTALGAN, the liquid topical anesthesia, also for relief of pain and discomfort in hemorrhoids, pruritus and perineal suturing.</p> <p>DERMOPLAST, in an aerosol freon propellant spray for fast relief of surface pain, itching, burns and abrasions. Also Obs. & Gyn. use.</p> |
| 46 | <p>EATON LABORATORIES, Norwich, New York</p> <p>For the treatment of Trichomonas vaginalis vaginitis and the accompanying secondary bacterial infections, Tricofuron(T.M.) Vaginal Suppositories and Powder are now available. The latest clinical data on Furadantin® in the form of tablets and as Furadantin Oral Suspension in treating urinary tract infections and prostatitis will be available.</p> |
| 106 | <p>EDISON VOICEWRITER, Distributed in Indiana by VAN AUSSALL & FARRAR, INC., Indianapolis
 C. J. Clarke, C. F. Farrar, C. W. von Grimmenstein, Robert Hall, Edward Rawlins, Russ Young</p> <p>The EDISON VOICEWRITER, using the Edison Diamond Disc, saves long hours of tedious, longhand record keeping. Provides simple method for eliminating both longhand and shorthand and the improvement of all medical records.</p> <p>EDISON VOICEWRITER SYSTEMS are now used in doctors' offices and many hospitals in Indiana. Edison Voicewriter Systems include remote control telephone dictation systems (Televoice), individual dictating and transcribing equipment, as well as the new Edison combination instrument which can be dictated to and transcribed from.</p> <p>All Edison Voicewriter equipment can be rented or leased. Contact EDISON VOICEWRITER for a free demonstration and trial.</p> |

- | Booth | Company and Products |
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| 77 | <p>PAUL B. ELDER COMPANY, Bryan, Ohio
 Allen H. Innis, Paul Klinkenberg, Thomas C. Elder, Neil T. Levenson</p> <p>We are pleased to have this opportunity to invite members of the Indiana Medical Association and their guests to register at our booth at the annual convention of the Association.</p> <p>OXSORALEN® (8-MOP) and BENOQUIN®, dermatological preparations of current interest, will be featured as well as RAPAX Inserts, a new product for timed-action laxation. We invite inquiries concerning these and other original products of ELDER research which will be answered by our attending staff members.</p> |
| 22 | <p>H. G. FISCHER & CO., Franklin Park, Illinois
 E. T. Boyer, George Hess, James R. Karibo</p> <p>Latest models of Modern X-Ray Apparatus, F.C.C. approved Ultrasonic Generators, Short Wave Diathermy Units and Low Voltage Generators, all of highest quality materials and construction, will be on display. Representatives in attendance will welcome an opportunity to give demonstrations and quote today's low prices. Your visit will be appreciated.</p> |
| 81 | <p>C. B. FLEET CO., INC., Lynchburg, Virginia
 Raymond J. Barrett, A. R. Shelly</p> <p>During the past fifty years PHOSPHO-SODA (FLEET) has been a symbol of elegance in sodium phosphate medication.</p> <p>FLEET ENEMA DISPOSABLE UNIT—an enema solution of Phospho-Soda (Fleet)—is a worthy companion product. The single-use unit simplifies and assures satisfying preparation for proctoscopy and as a routine enema it is a boon to the hospitalized patient.</p> |
| 114 | <p>FLINT, EATON & COMPANY,
 Decatur 60, Illinois
 E. R. Chandler, Floyd E. Pogue, M. J. Channer, Robert F. Cloyd and Dr. C. R. Kemp</p> <p>Flint, Eaton presents Ferrolip, a new chelate complex of iron.</p> <p>Chelated iron, as in Ferrolip, is resistant to all usual chemical forces serving to precipitate iron and to produce iron intolerance; yet the chelated iron in Ferrolip is completely soluble and readily available for uptake along the entire gastrointestinal tract.</p> <p>Visit the Flint, Eaton and Company booth to hear of chelation as it applies to iron therapy.</p> |
| 37 | <p>FREEMAN MANUFACTURING COMPANY,
 Sturgis, Michigan
 A. J. McNamara</p> <p>The Freeman line of Surgical Supports places particular emphasis on orthopedic braces for use when conservative measures are indicated. Rigid control and almost complete immobilization of the sacral, lumbar and thoracic area is achieved through the use of splint-type construction in combination with the block and tackle effect of straps and buckles. Special designs and constructions are available for any purpose.</p> |
| 117 | <p>GALLAGHER-ROACH & COMPANY,
 Columbus 15, Ohio
 Investment Securities</p> <p>Before you do any investing, decide what it is you want your program to accomplish. Decide if you are investing for income, for capital</p> |

Booth growth or for retirement. Consider, too, how best to build your investment to achieve your goal within the time limit you have set.

Gallagher-Roach & Company are specialists in helping doctors with their investment planning; they can offer you many worthwhile suggestions about how best to set up a sound investment program. They can help remove much of the confusion and misunderstanding that too often cloud the subject of investments, and show you how to select the program that best fits your needs.

120 GEIGY PHARMACEUTICALS.

New York 13, New York

Charles Hoskins, Howard Jennings

The GEIGY exhibit will feature PRELUDIN, the new, chemically different anorexiant noted for its remarkable absence of side-actions. Also displayed will be BUTAZOLIDIN, well-known nonhormonal antiarthritic; MEDOMIN, for safe, gentle hypnosis and sedation; TROMEXAN, an oral anticoagulant of rapid action and little cumulation; EURAX, antipruritic and scabicide; and STEROSAN, bacteriostat and fungistat.

59 GENERAL ELECTRIC COMPANY.

Indianapolis 7, Indiana

D. H. Rolfes, R. C. Johnston, J. H. Standard, H. J. Wallace, Orval Paul, Werner Christensen, E. W. Horner

In Booth 59 detailed information will be available on all of our latest products, including x-ray and electromedical equipment and our complete line of accessories and supplies. The direct factory representatives listed above will be in attendance.

86 GERBER PRODUCTS COMPANY.

Fremont, Michigan

WHEN MILK IS CONTRAINDICATED as the basic food for infants, Gerber "Meat Base Formula" can provide a nutritionally adequate replacement. It is well accepted and tolerated by infants of all ages. Your Gerber detailman invites you to evaluate "Meat Base Formula" and the complete line of supplementary baby foods.

You are also invited to review new editions of Gerber's baby care booklets. Each is designed especially for distribution by physicians. Each provides non-controversial information in simple, easy-to-understand language. The service is complimentary.

61 J. E. HANGER, INC., Indianapolis 2, Indiana

M. G. Manwaring, Jack M. Talbert, Frank Shirrell

J. E. Hanger Incorporated, America's oldest and largest manufacturer of prostheses, will again present an outstanding display featuring the latest developments in the prosthetic field both for lower and upper extremity amputees. Experienced personnel will be available to discuss with the profession the needs of their patients and demonstrate the types best suited to the individual patient.

Booth Company and Products

100 H. J. HEINZ COMPANY,

Pittsburgh 30, Pennsylvania

Makers of the 57 Varieties

Miss Pat Campbell, Cliff Fredrickson

What's New ???

Strained Foods

Bananas

Creamed Spinach

Macaroni, Tomatoes,

Beef & Bacon

Split Peas—

Vegetables & Bacon

Egg Yolk

These Heinz Varieties—

Junior Foods

Creamed Carrots

Teething Biscuit

Green Beans &

Potatoes

Junior Dinner—

Vegetables & Lamb

Junior Dinner—

Vegetables & Liver

All Heinz Baby Foods are glass packed except Strained Orange Juice, Teething Biscuits and four Pre-Cooked Cereals.

Literature—Booklet for Mothers—"A Feeding Guide for a Healthy, Happy Baby" and for you—Nutritional Data.

50 THE J. C. HIRSCHMAN CO., INC.,

Indianapolis 7, Indiana

J. Clifton Hirschman, Lester Martin,

Miss Mary Amato

88 HOLLAND-RANTOS COMPANY, INC.,

New York, New York

E. W. Kowal, H. H. Beeman, E. L. Tosch

Physicians interested in Medical Contraception are invited to discuss with Holland-Rantos representatives latest information on laboratory and clinical data concerning the efficacy of medically approved KOROMEX products.

Also featured in the Holland-Rantos display will be the trichomonocidal, bactericidal, and fungicidal NYLMERATE preparations (Jelly and Antiseptic Solution Concentrate), as well as HOLLANDEX medicated skin ointment which affords the combined benefits that result from the inclusion in its formula of silicones, natural Vitamins A and D, hexachlorophene and improved lanolin.

96 HOFFMANN-LARGACHE, INC.,

Nutley, New Jersey

NOLUDAR is a new, **non-barbiturate** hypnotic which provides effective relief of insomnia and tension states. NOLUDAR is so well tolerated that side effects such as nausea, vomiting, and dizziness, are rarely, if ever experienced with therapeutic doses. NOLUDAR is available in scored tablets of two strengths, 50 mg and 200 mg, and in a cordial-flavored elixir, 50 mg per teaspoonful.

78 INDIANA BLUE SHIELD PLAN, Indianapolis

R. S. Saylor, Richard C. Kilborn, L. E. Converse Mutual Medical Insurance, Inc. (Blue Shield Plan) will have its exhibit in Booth No. 78. Representatives of the Plan will be on hand at all times to answer questions and be helpful in any way possible. Special materials will be distributed explaining the operation of the Plan, the benefits it affords the physician and the public, and showing the growth of the Plan in membership during the past five years.

Dr. Walter U. Kennedy, New Castle, is president of the Blue Shield Plan; Dr. W. Harry Howard, Hammond, is vice-president; Dr.

Booth **Company and Products**

Walter L. Portteus, Franklin, is secretary; and Mr. Elmer W. Stout, Indianapolis, treasurer.

Administration of The Blue Shield Plan is under the direction of R. S. Saylor, Executive Vice-President, 500 Terminal Building, Indianapolis.

55 INDIANA BRACE SHOP, Indianapolis, Ind.
T M. Davidson, M. E. Miller,
Registered Orthotists.

The exhibit will include: Camp anatomical supports, plastic cervical braces, leather collars, Jewett hypertension braces, Taylor back braces, cerebral palsy braces, both aluminum and steel, various types of steel and aluminum parts for leg braces. Also on display will be Burnell hand splints, Frejka splints, Denis Browne adjustable splints, Lofstrand crutches, arch supports and shoe corrections of all types.

115 INDIANA SURGICAL, INC., Indianapolis 2, Indiana
R. L. Ettinger, A. C. Dowd, J. J. Traub

Indiana Surgical, Inc., will exhibit several items of interest to the medical profession such as Electro-Cardiograms, Ultrasonics, examining room equipment and several items of newly designed instruments. R. L. Ettinger, J. J. Traub and A. C. Dowd will be on hand to demonstrate the above items.

93 INDIANAPOLIS ARTIFICIAL LIMB CORPORATION, Indianapolis 4, Indiana
S. E. Hedges, President, Joseph Best, Donald Hedges

Friends of the MEDICAL PROFESSION, it is indeed a pleasure to meet with you, once again, at convention time and we wish to extend to you a sincere welcome to visit with us. You will find some late developments in the prosthetic lines that will be of considerable interest to you. Among these is the famous "OTTO BOCK" Knee for lower extremity amputations. Also, the plastic prosthesis for upper extremities.

We also wish to announce our "5th ANNIVERSARY" and would like to thank you for your kind cooperation that has allowed us to progress and become one of the leading facilities in the prosthetic field.

Let us discuss your problem cases with you. It is our desire to build a fine appliance in order to build a fine reputation.

140-141 INSTANT SANKA COFFEE, White Plains, New York
Miss Carol Brower, Stephen A. Whitham

Between meetings, whenever you wish, won't you stop by for a cup of INSTANT SANKA? This is 100% pure coffee with 97% of the caffeine removed. We shall be glad to have you pick up some samples for a nightcap in your room, and to register for professional samples and copies of the booklet, What Every Coffee Lover Should Know About Caffein.

10 KREMERS-URBAN CO., Milwaukee 1, Wisconsin
A. M. Stromberg, Prosper A. Mollaun

The KREMERS-URBAN booth will feature the most potent visceral antispasmodic LEV-SIN SULFATE . . . SALIMEPH-C with its ACTH-like anti-rheumatic activity, but without side effects . . . NITROL Tablets—Oint-

Booth **Company and Products**

ment for the prevention of anginal attacks and AMITRATE for coronary insufficiency . . . KUTAPRESSIN for the control of capillary bleeding and for rebellious skin diseases.

139 LEDERLE LABORATORIES DIVISION, Pearl River, New York

104 ELI LILLY AND COMPANY, Indianapolis 6, U. S. A.

Paul A. Holsapple, in charge; M. L. Adams, G. G. Horton, H. O. Johnson, R. L. McKenna, N. L. Stephenson, R. N. Thomas, Jack W. Hill

You are cordially invited to visit the Lilly exhibit located in space number 104. The display will contain information on recent therapeutic developments. Lilly sales people will be in attendance. They welcome your questions about Lilly products.

43 LINCOLN LABORATORIES, INC., Decatur, Illinois
Norman Titus

Lincoln Laboratories extends a most friendly invitation to Booth No. 43, where representatives will be happy to meet you and demonstrate Hexathricin Aerospray, the new advanced approach in thermal burns and fungus. We welcome an opportunity to supply information on other new Lincoln specialties including Hormone Emulsions, Piperat Tartrate, Lescopine, Obesonil and Hexathricin Otic for fungus of the ear. We are anxious for an opportunity for you to inspect a complete line of precision parenteral and prescription medicaments, with over 40 products approved by the A. M. A.

25 MAICO HEARING SERVICE, Indianapolis 4, Indiana
A. O. Norris, G. M. Burrill

Maico Hearing Service, one of the many distributors (four in Indiana) of products of the Maico Co., Inc. of Minneapolis, has on exhibition AUDIOMETERS, STETHOTRONS, and a full line of QUALITY HEARING AIDS. All physicians and allied professions are welcome. Maico products are all designed and produced to best test and serve the hard of hearing.

60 J. B. LIPPINCOTT COMPANY, Philadelphia 5, Pennsylvania
Ralph E. Stanley

J. B. Lippincott Company presents, for your approval, a display of professional books and journals geared to the latest and most important trends in current medicine and surgery. These publications, written and edited by men active in clinical fields and teaching, are a continuation of more than 100 years of traditionally significant publishing.

5 LLOYD BROTHERS, INC., Cincinnati 3, Ohio
RONCOVITE and DOXINATE, both original products of Lloyd research, will be featured at this display. Lloyd representatives will present the latest clinical studies on Roncovite, the first true hematopoietic stimulant, as well as the complete story of Doxinate, the new non-laxative method of preventing and treating constipation.

113 LLOYD, DABNEY & WESTERFIELD, INC., Cincinnati 2, Ohio
Homer Redman, Donald Lightcap, Robert Basham, Frank Tracy

We are pleased to be one of the exhibitors at your important medical meeting. The men

- | Booth | Company and Products |
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| | listed above will be at our booth to discuss our line of ethical and modern products. We are exhibiting new products to the profession such as ones containing reserpine, rauwolfia serpentina and a very effective anticholinergic and antacid product, as well as others which we trust will be of interest to the physicians attending the convention. You are cordially invited to stop by our booth. |
| 121 | LOMA LINDA FOOD COMPANY,
Mt. Vernon, Ohio
D. C. McFeters, W. A. Weaver, F. C. Smith
With the background of years of experience in perfecting a hypoallergenic milk powder, and also a newly developed concentrated liquid milk the protein of which is fully derived from the soybean and formulated with other essential additives to care for the needs of babies, growing children, and adults, the Loma Linda Food Company will be happy to welcome you to their exhibit. Attendants will be pleased to discuss the values of Soyalac powder and concentrated liquid. Samples of this flavorful product will be served at the exhibit. |
| 87 | M & R LABORATORIES
(see Ross Laboratories), Columbus, Ohio
John Reed, Ted Budach, Don Turner |
| 24 | MALTBIE LABORATORIES DIVISION
WALLACE & TIERNAN INC.
Belleville 9, New Jersey
Donald R. Thorp, Marshall Etherington, John V. Wise |
| 70 | PAUL MANEY LABORATORIES, INC.,
Cedar Rapids, Iowa
Paul Maney Laboratories will feature its exclusive neutral, soluble, stable Theophylline derivative, Neothylline. Neothylline has proven to be less toxic than many of the Theophylline derivatives, such as Aminophylline. We would be glad to show you reports on this drug, as well as combinations with Ethaverine, Pentaerythritol Tetranitrate, and many others used in the cardiovascular diseases. |
| 6 | MARION LABORATORIES, INC.,
Kansas City, Missouri
Donald E. Ludwig, Harold J. Jones
The Marion Laboratories exhibit will feature Oyster Shell Calcium tablets. Research showing that OS-VIM or OS-CAL tablets will give your patients higher blood calcium levels and above all a higher percentage of ionized calcium. Better calcium assimilation. |
| 72 | THE S. E. MASSENGILL COMPANY,
Bristol, Tennessee
The S. E. Massengill Company will exhibit: SALCORT, a judicious combination of Salicylates and Cortisone for the treatment of arthritic and rheumatoid affections.
and
HOMAGENETS, the homogenized vitamins. A liquid suspension in a solid form, Homagenets may be chewed, swallowed or allowed to dissolve on the tongue. Homogenized vitamins are better absorbed, better utilized and large vitamin excesses are unnecessary. |
| 135 | MASSACHUSETTS INDEMNITY INSURANCE CO., Boston, Massachusetts
Malcolm L. Dunlap, David O. Finchum, Kenneth J. Roberts |

- | Booth | Company and Products |
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| | The Massachusetts Indemnity and Life Insurance Company has for many years specialized in high-grade income protection designed to insure the physician's greatest asset, his Earning Power. Our policies are Non-Cancellable, Guaranteed Renewable to age 60 or 65 (policyholder's option)
At the convention we will have available our famous booklet "Facts! Is Your Accident and Health Policy Favorable or Unfavorable?" The value of this booklet is its objective analysis of important provisions found in Accident and Health Policies. It's yours for the asking at our exhibit. |
| 52 | MCNEIL LABORATORIES, INC.,
Philadelphia 32, Pennsylvania
W. C. Dollens, R. H. Powers
Members of the Indiana State Medical Association are cordially invited to visit our booth No. 52, W. C. Dollens in charge. We will feature our products, Butisol Sodium, Flexin, Butiserpine, and Clistin Expectorant. |
| 2 | MEAD JOHNSON & COMPANY,
Evansville 21, Indiana
Robert A. Terry, John Floren, O. L. Miller
Featured in the Mead Johnson & Company booth No. 2 will be Colace, new non-laxative stool softener, and Olac, infant formula in liquid and powdered forms.
COLACE (dietyl sodium sulfsuccinate, Mead) is a new Mead specialty for patients of all ages. Colace softens stools for easy passage—without laxative action; without adding bulk. A surface-active agent, Colace permits the intestinal water to mix better with fecal material. Colace is widely used both to prevent and to treat constipation.
OLAC, Liquid—newest member of the Mead family of balanced infant formulas for routine use. Exceptionally generous in milk protein to promote sturdy growth; supplies fat as a highly refined vegetable oil; contains Dextri-Maltose for caloric adequacy and space carbohydrate absorption. |
| 102 | MEDCO PRODUCTS CO., Tulsa 12, Oklahoma
Ken L. Huntsman
Featuring the MEDCO-SONLATOR. Providing a new concept in therapy by combining muscle stimulation and ultra-sound simultaneously through a SINGLE three-way sound applicator. The MEDCO-SONLATOR is a distinct advance in the effectiveness of physical therapy in your office or hospital. A few minutes spent in our booth should prove of value to your practice. |
| 56 | THE MEDICAL PROTECTIVE COMPANY,
Fort Wayne, Indiana
Kenneth W. Moeller, Ralph E. Wight
MALPRACTICE PROPHYLAXIS. The Medical Protective Company's policyholders are in less jeopardy from malpractice litigation today than they have been for the past thirty years. Improvement is recorded in the following statistics: 1 suit filed per 65 policyholders in 1925; 1 suit filed per 86 policyholders in 1935; 1 suit filed per 222 policyholders in 1945; 1 suit filed per 227 policyholders in 1955. "The Doctor and the Law," prepared by our Law Department, periodically informs policyholders how to reduce exposure to liability. At Booth No. 56 our representative, Kenneth W. Moeller, will be glad to explain how Specialized Service makes our doctors safer. |

Booth	Company and Products
90	MERCK SHARP & DOHME, Philadelphia 1, Pennsylvania H. W. Johnson, L. R. Woerner, H. A. Pahlke, P. M. Rinker, M. E. Lewallen, G. R. Booker The Merck Sharp & Dohme exhibit presents "Co-Deltra" and "Co-Hydeltra", specifically designed to provide all the benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress. Related adrenal cortical steroid preparations in endocrine disorders, collagen diseases, respiratory allergies, eye diseases and skin conditions are also highlighted. Expertly trained personnel will be pleased to discuss new dosage forms, new indications, and the latest summaries of advanced clinical reports in this field.
66	THE WM. S. MERRELL COMPANY, Cincinnati 15, Ohio H. O. D. Boone, Clyde Johnson Merrell representatives will be on hand to discuss TACE, a new distinctive estrogen, and Meratran, a new unique antidepressant. Please stop at our booth; they will be happy to talk with you.
26	MILEX ALPHA PRODUCTS, Evanston, Illinois H. S. Stern, Amos B. Phelps Since patients first consult the physician, his office is the logical cancer detection center. Milex representatives will be happy to demonstrate a comprehensive line of new instruments which will enable all physicians to systematically screen patients as a routine office procedure. This approach has been discussed in many recent professional journals as a feasible method of detecting cancer of the cervix in its early incipient stages. Also shown will be all the other MILEX GYNECIC SPECIALTIES like CRESCENT DIAPHRAGM PAKITS, TRICHO-SAN JELJECTOR TREATMENT, MILEX PLASTIC FOLDING PESSARIES.
94	MILLER SURGICAL COMPANY, Chicago 40, Illinois Wm. E. Mettler See the Miller explosion-proof Gorsch Operating Rectoscopes with attached tubes for insufflation of carbon dioxide to prevent intra-bowel explosions during electrosurgery. The popular Miller Electro-Surgical Units with Snares, Suction-Coagulation attachments, Forceps and other special accessories will also be featured as well as our illuminated Oscopes, Ophthalmoscopes, Eyespud with Magnet, Transilluminating Lamps, Lempert-type Headlight, Vaginal Speculum with Smoke Ejector and Gorsch Stainless Steel Proctoscopes with Magnification.
23	MODERN DRUGS, INC., Indianapolis 1, Indiana K. E. Hoy, Sr., and K. E. Hoy, Jr. Modern Drugs, Inc. will again feature, at the annual meeting of the Indiana State Medical Association, several outstanding "Modern" parenteral solutions. Among these is Calphosan, the superior calcium injection solution for lasting effect. Dramatic responses are obtained in allergies, hay fever, asthma, dermatoses, neuromuscular spasmophilic manifestations, and in all cases where low serum calcium is even remotely suspected. A 10 cc. dose of Calphosan can be injected, even subcutaneously or intramuscularly without pain and free of side effects.

Booth	Company and Products
	A complete line of injectables is offered, hormones, vitamins, antibiotics, and specialties, in both vials and ampuls. Additionally, a complete line of capsules, tablets, liquids, and ointments make the "Modern" line one of the largest offered by any manufacturer and distributor. Modern Drugs, Inc. will be found in Booth 23. In attendance at the booth will be K. E. Hoy, Sr. and K. E. Hoy, Jr.
3	BILL MOSS, INC., Bloomington, Indiana Bill Moss, Inc., will feature a display of general medications used specifically by the general practitioner. The finest quality at the most economical price in the ethical field.
51	NEPERA CHEMICAL CO., INC., Yonkers 2, New York Ivan E. Hill
30-31-32	Original CONTOUR CHAIR-Lounge, Indianapolis 2 Myron W. Bonheim, Elizabeth K. Bonheim, Norma Robertson This is the place . . . stop, sit down and stretch out in the Contour Chair-Lounge, the chair that lets you relax; and Contour Viverator-Lounge, the chair that makes you relax . . . Booths 30, 31 and 32. Then, as convention tension disappears, explore the unlimited usefulness this ingenious chair presents . . . in your office, in your home and for your patients, particularly as an aid in a prolonged rest regimen and for the chronically ill. As has been our custom in previous years, during the Annual Convention—October 16, 17 and 18, 1956—physicians will be allowed a liberal discount.
99	ORTHO PHARMACEUTICAL CORPORATION, Raritan, New Jersey Walter Phillips, Donald Kettering ORTHO cordially invites you to booth 99. Obstetrical and gynecological pharmaceuticals will be featured. TRITHEON Aminotrolole Tablets for the oral treatment of trichomoniasis in the male and female will be given particular emphasis. RARICAL Tablets, a new compound for use in iron deficiency anemias and in all cases requiring calcium supplementation, will be displayed. Ortho representatives, Mr. Phillips and Mr. Kettering, welcome this opportunity to serve you.
4	PARKE, DAVIS & COMPANY, Detroit 32, Michigan M. O. Hollingsworth, O. J. Quintin Medical service members of our staff, M. O. Hollingsworth and O. J. Quintin, will be in attendance at our exhibit for consultation and discussion of various products of particular interest to members of the Association. Important specialties, such as Penicillin S-R, Benadryl, Chloromycetin, Ambodryl, Dilantin Suspension, Vitamins, Oxycel, Milontin, Amphetase, Thrombin Topical, etc., will be featured. You are cordially invited to visit our exhibit.
53	PET MILK COMPANY, St. Louis 1, Missouri We will be pleased to have you stop and discuss the variety of time-saving material available to busy physicians. Our representatives will be on hand to discuss the merits of "Pet" Evaporated Milk for infant feeding and IN-

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| <p>Booth Company and Products</p> <p>STANT "Pet" Nonfat Dry Milk for special diets. A miniature "Pet" Evaporated Milk can will be given to all visitors.</p> <p>139 PFIZER LABORATORIES,
Brooklyn 6, New York</p> <p>109-110 PITMAN-MOORE COMPANY,
Division of Allied Laboratories, Inc.,
Indianapolis 6, Indiana
Paul LaHue, William Creek, Wallace MacLellan, William C. McCrory, Jr., E. O. Hoy and Sidney Amy</p> <p>It is with genuine pleasure that we welcome you, personally, to the Pitman-Moore booth. Novahistine for relief of nasal congestion accompanying allergic rhinitis, the common cold, and acute or chronic sinusitis will be featured. Intromycin, a new agent for effective symptomatic treatment of diarrhea and for specific therapy of bacterial diarrhea, will also highlight your interest. Intromycin contains carob powder for faster absorptive and water-binding properties, neomycin and streptomycin—two antibiotics with a wide spectrum against intestinal pathogens.</p> <p>7 THE PURDUE FREDERICK COMPANY,
New York 14, New York
The Purdue Frederick Company will feature: SENOKOT Tablets and Granules—new non-bulk, non-irritating constipation corrective acting selectively on the parasympathetic (Auerbach's) plexus in the large bowel, physiologically stimulating the neuromuscular defecatory reflex.</p> <p>PRE-MENS—the multidimensional premenstrual tension therapy.</p> <p>SOMATOVITE—clinically proven to promote weight gain, increase appetite and reduce hyperactivity and restlessness.</p> <p>SIPPYPLEX—the modern comprehensive therapy for peptic ulcer.</p> <p>COLPOTAB—a tested effective Tyrothricin trichomonacide, and</p> <p>CHLOROGIENE—a hygienic douche formulation.</p> <p>92 REX BUSINESS MACHINE CO.,
Indianapolis, Indiana
Curt Benner, Paul Gilman, Carl Smith</p> <p>Be sure to visit the Rex Business Machine Company booth. We will have the new high fidelity "Comptometer" Dictating and Transcribing Machine on display, equipped with the Reusable Erase-O-Matic, magnetic recording belt. The machine weighs only 14 lbs. and the recording belts are guaranteed for life. Bring your old wire recorder with you and let's talk trade on one of these new models. We will also have all models of the "Olympia" typewriter on display, including the new professional model with the 13-inch carriage which is ideal for a small office. The "Olympia" is precision built and is made in Germany.</p> <p>Also on display will be adding machines, check protectors, and other types of office equipment suitable for physicians' offices. Be sure to see the "Swift" adding machine which weighs only 6½ lbs., and takes up a nominal amount of space. Rex will take your old machine in on trade on anything they sell.</p> | <p>Booth Company and Products</p> <p>36 R. J. REYNOLDS TOBACCO COMPANY,
Winston-Salem, North Carolina
C. A. Burgess, J. M. Herbert, R. O. Zeigler</p> <p>Welcome to the R. J. Reynolds Tobacco Company exhibit! You are cordially invited to receive a cigarette case (monogrammed with your initials) containing your choice of CAMEL, CAVALIER King Size, or WINSTON, the distinctive new king size filter cigarette.</p> <p>84 A. H. ROBINS COMPANY, INC.,
Richmond, Virginia
D. W. Otoupal, D. W. Rasico</p> <p>Physicians attending the meeting of the Indiana State Medical Association are extended a cordial invitation to visit the exhibit of the A. H. Robins Company.</p> <p>Experienced medical representatives will be in attendance to welcome you and answer inquiries relative to any of Robins prescription specialties.</p> <p>48 J. B. ROERIG AND COMPANY,
Chicago, Illinois
Victor Market, Richard Cunningham, William Hastings</p> <p>J. B. ROERIG AND COMPANY, booth 48, highlights ATARAX, the new "Peace of Mind" drug. It's an all new chemical and is considered an achievement in the quest for a better ataraxic. ATARAX is particularly indicated for the "more normal" person and brings relief from the common everyday anxieties and annoyances. It is quick acting yet requires low mg. dosage; does not disturb the mental acuity of the patient and has virtually no known side effects. Literature and samples available at the booth which you and your friends are cordially invited to visit.</p> <p>87 ROSS LABORATORIES, Columbus, Ohio
John Reed, Ted Budach, Don Turner</p> <p>ROSS LABORATORIES: Current concepts in infant feeding stress the critical aspects of preventive care. Visit our booth at your convenience; your Similac Representative will be happy to discuss the physiologic role of Similac Powder and Similac Liquid in providing good growth, sound development, and optimum clinical benefits. Reprints of current pediatric investigations and the latest Ross Research Conference Reports are available.</p> <p>85 W. B. SAUNDERS COMPANY, Philadelphia
Mr. Miller will once again be on hand with the full Saunders line of clinical titles. Among some of the newest of special interest are: Wells: CLINICAL PATHOLOGY, 2nd Edition, Zimmerman and Levine: SURGICAL PATHOLOGY, Pillsbury, et al.: DERMATOLOGY, Meschan: X-RAY SIGNS IN DIAGNOSIS, Williamson: OFFICE PROCEDURES and Modell: THE RELIEF OF SYMPTOMS.</p> <p>91 SCHERING CORPORATION,
Bloomfield, New Jersey
Edwin Leinhos, James McCollough, Glen Kile, Robert LeCompte</p> <p>A cordial invitation is extended to the members of the Indiana State Medical Association to visit the Schering exhibit, Booth No. 91. The exhibit will feature METICORTEN and METICORTELONGE, the new corticosteroids for the treatment of rheumatoid arthritis, in-</p> |
|---|--|

Booth**Company and Products**

tractable asthma and other so-called collagen diseases. Extensive clinical and laboratory data demonstrating certain advantages of these new steroids over cortisone and hydrocortisone are shown. Edwin Leinhos in charge.

- 111 JULIUS SCHMID, INC.,**
New York 19, New York
 Robert Jewell

An interesting and informative exhibit featuring RAMSES Flexible Cushioned Diaphragm; RAMSES Vaginal Jelly; VAGISEC Jelly and Liquid, two new products embodying "Carlendacide", the recent development of Carl Henry Davis, M.D., and C. G. Grand for vaginal trichomoniasis therapy; and XXXX (FOUREX) Skin Condoms, RAMSES and SHEIK Rubber Condoms for the control of trichomonal re-infection.

- 29 CLAYTON L. SCROGGINS ASSOCIATES,**
Cincinnati 19, Ohio
 Clayton L. Scroggins, John R. Lesick

Organized in 1945, Professional Business Management services limited to physicians, small hospitals, clinics and medical groups, has been available for over ten years in practically all sections of Indiana.

Clayton L. Scroggins Associates has a professional business management display in Booth No. 29 and they will be glad to discuss with you the business aspects of your practice and your individual business affairs. They render expert services for physicians in a confidential manner on tax returns, bookkeeping, office planning and layout, delinquent accounts, office routines, instructing personnel, fees, partnerships, counselling on investments and insurance. Their consultation on your affairs for any aspects of management is yours without obligation during your attendance here.

- 8 G. D. SEARLE & CO., Chicago, Illinois**

P. E. Rinderknecht, G. A. Yotter, R. W. Schulz
 You are cordially invited to visit the Searle booth, where our representatives will be happy to answer any questions regarding Searle Products of Research.

Featured will be Nilevar, the new anabolic agent; Mictine, the new safe, non-mercurial oral diuretic; Vallestiril, the new synthetic estrogen with extremely low incidence of side reactions; Banthine and Pro-Banthine, the standards in anti-cholinergic therapy; and Dramamine, for the prevention and treatment of motion sickness and other nauseas.

- 69 SEVEN-UP BOTTLING COMPANY, INC.,**
Indianapolis

Ray Wenstrom, Donald Shaw, Richard Joyce, Phillip Frame, W. E. Joyce, George Foreman

- 28 CARROLL DUNHAM SMITH PHARMACAL CO., New Brunswick, New Jersey**

C. Kyle Hughes, J. W. Lennington, R. L. Mulhall
 Will feature Calferbee and Calferbee Lactate

Booth**Company and Products**

—effective prenatal products supplying calcium, iron and essential vitamins in small, easy to swallow, well tolerated tablets. Representatives will welcome the opportunity to also discuss Vicalmin, Lipotriad, Fentropine and other specialties.

- 89 SMITH, KLINE & FRENCH LABORATORIES,**
Philadelphia

R. B. French, F. J. Forbregd

SKF is proud to attend this meeting and to bring to your attention the latest information regarding our products. The SKF booth this year is featuring "Thorazine", familiar to most doctors and now taking on new importance as maintenance therapy for discharged psychiatric patients. These formerly institutionalized patients can now be cared for at home with the help of their own physicians. Also of special interest is "Cytomel"—to combat metabolic insufficiency, which is fast being recognized as the cause of a syndrome of common complaints—chronic fatigue, nervousness, obesity, dry skin and hair. "Cytomel" has produced exciting results in these previously refractory cases. We feel that both "Thorazine" and "Cytomel" can be useful in your practice.

We hope that you will visit the SKF booth where Messrs. French and Forbregd will be glad to give you complete information on the potential use of these two specialties in your practice.

- 41 SPENCER SUPPORTS, Indianapolis**

Booth attendants will welcome you at the Spencer Supports Booth No. 41, where there will be on display Medical, Surgical and Orthopedic Supports such as are designed for each individual patient—man, woman or child.

- 33 E. R. SQUIBB & SONS, Division of**
Olin Mathieson Chemical Corporation,
New York 22, New York

E. R. Squibb & Sons has long been a leader in development of new therapeutic agents for prevention and treatment of disease. The results of our diligent research are available to the Medical Profession in new products or improvements in products already marketed. At Booth No. 33, we are pleased to present up-to-date information on these advances for your consideration.

- 116 The STUART COMPANY,**
Pasadena, California; Chicago, Illinois

Ward Jackson, Richard Finch, Ward McCarty
 All physicians are cordially invited to visit the Stuart booth. We will be featuring our Stuart Prenatal with recent improvements in the formula. Our sales people in attendance will discuss with you information on recent therapeutic developments in the field of prenatal care. We are sure you will find it interesting. They will also welcome any questions you may have on any Stuart products.

Booth	Company and Products	Booth	Company and Products
35	TESTAGAR & CO., INC., Detroit 26, Michigan William Proctor, M. S. Herman, M. Witzel	65	U. S. VITAMIN CORPORATION New York 17, New York
	TESTAGAR & CO., INC. will show three new timed disintegrating capsules. TIMED PYMA is a tri-synergistic antihistamine in a timed disintegrating capsule composed of three proven antihistamines. Smaller than average doses of each are used, thereby minimizing possible side reactions to the patient and still affording the patient a maximum of effect. TIMED PYMADEX CAPSULES, a daytime partner to Timed Pyma Capsules, also contains 6 mg. of Dextro-amphetamine to overcome any possible soporific after-effects of the antihistamines and give the patient a sense of well-being. One TIMED PYMADEX CAPSULE at breakfast and one TIMED PYMA CAPSULE before retiring affords the patient protection around the clock. TIMED BARTROPIN CAPSULES are an antispasmodic capsule using tried and proven Atropine. One capsule at breakfast affords 10 to 12 hour (all day) antispasmodic activity. Samples and literature will be available.		John Porter, Elmer L. Brugh, Richard J. DeBolt
	Samples and literature will also be available on our new oral procaine product, ASCORBA-CAINE CAPSULES, for use in the treatment of pruritus.		Exhibit features ARLIDIN, an entirely new, relatively safe and effective vasodilator drug with three unique pharmacologic actions: (1) dilates predominantly small blood vessels of skeletal muscle. (2) increases circulating blood volume. (3) increases cardiac output. Thus, ARLIDIN (Nylidrin HCl. NNR) is indicated in treating intermittent claudication and a wide range of functional and obliterative disorders of peripheral vascular insufficiency.
40	S. J. TUTAG & COMPANY, Detroit 34, Michigan Max Hull, John Koritka, Edward Tutag, Eugene Tutag	71	WARNER-CHILCOTT LABORATORIES, New York 11, New York
	Featured in the S. J. Tutag & Company display booth will be Buffonamide and Parazine. Tutag is proud to present Buffonamide, the triple sulfa that is buffered. The use of sodium citrate as buffering agent with the acet-diamer-sulfonamides makes Buffonamide ideal; this formula is less toxic, well-tolerated, readily absorbed, with increased crystalluria protection. The pleasant cherry flavoring of this suspension makes Buffonamide the drug of choice for all ages.		Lee G. Hadin, in charge; Wayne Cumbee, Frank Scott
	Another featured item will be Tutag's Parazine (brand of Piperazine Citrate) which is an excellent pleasant tasting liquid used in the control of pinworms and roundworms. Parazine eliminates the adjunctive use of fasting, enemata and purges. It is well tolerated and effective. Also available in tablet form.		A visit to the Warner-Chilcott booth will pay dividends, especially in the interests of your cardiovascular patients. The company is featuring two "clinically tested and proven agents": one to help you prevent attacks of angina pectoris; the other, the most potent drug currently available for reduction of blood pressure in hypertensive patients.
107	THE UPJOHN COMPANY, Kalamazoo, Michigan	137	The WARREN-TEED PRODUCTS COMPANY, Columbus 8, Ohio
			H. H. Lammey, B. L. Cripe, John L. Cron
101	U. S. STANDARD PRODUCTS CO., Mount Prospect, Illinois		The Warren-Teed Products Company cordially invites all members of the Indiana State Medical Association to visit its display, Booth No. 137.
	M. Reisman, William H. Snider, William K. Bass, Dave Sutton, A. E. Zornig		Three new Warrent-Teed specialties are being featured at the booth:
	The U. S. Standard Products Co is again featuring the "ARNAR-STONE LAB." Specialties: "AMERICAINE" topical anesthetic in ointment and aerosol form, and introducing the new 3 oz. AMERICAINE aerosol. SILICOTE will also be featured. Our representatives will be on hand to explain its many uses. Come by our booth and meet old friends.		MODANE TABLETS—a nutritional deconstrictant, designed to restore normal peristalsis to the atonic bowel musculature. The pantothenic acid content of this tablet makes MODANE a unique and outstandingly effective preparation.
			CAL-O-B TABLETS—a nutritional approach to the development and maintenance of bone health in the pregnant and lactating patient. Cal-O-B supplies soluble, assimilable calcium, phosphorus and vitamin D, three known essentials to bone metabolism.
			AXOFOR CAPSULES—provide non-narcotic, high-level analgesia. AXOFOR CAPSULES are highly effective in controlling pain associated with arthritis, neuralgia, headache and the pain of malignant disease.
			Company representatives, Messrs. Lammey, Cripe and Cron, will be in attendance and will welcome the opportunity to discuss these products with all participants of the Indiana State Medical Association.

Booth**Company and Products****47 WILSON MILK COMPANY, INC.,
Indianapolis 4, Indiana**

R. G. Pauley, F. E. Guckein, R. H. Keyes

The Wilson Milk Company cordially invites all members of the Indiana State Medical Association and their guests to visit booth #47. Descriptive, time-saving literature on infant feeding and child care will be available or we will be pleased to mail a supply to your office address.

Wilson's Milk as a baby food is safe, pure, easily digestible, inexpensive and is available locally.

Courteous representatives will be in attendance and will assist registrants in any way possible.

**54 WYETH LABORATORIES,
Philadelphia 1, Pennsylvania**

John McLaren, in charge; M. L. Steward, W.

E. Hixon, T. A. Neuberger, V. Castrodale.
Wyeth will feature:

EQUANIL** (meprobamate) unique anti-anxiety agent with marked muscle-relaxing properties, for treatment of anxious, tense, or psychoneurotic patients as seen in everyday office practice.

SPARINE* (promazine hydrochloride) new potent ataractic drug indicated in management

Booth**Company and Products**

of acutely agitated patients: the acute alcoholic, the acute psychotic, the drug addict undergoing withdrawal.

PEN.VEE.Oral* (penicillin V) acid-stable oral penicillin with injectable performance. For oral treatment and prophylaxis of infections caused by penicillin sensitive organisms. Serum concentrations are high and rapidly induced.

* Trademark

** Trademark licensed under U. S. Patent No. 2,724,720

**34 ZIMMER MANUFACTURING COMPANY,
Warsaw, Indiana**

F. C. Bartol, C. A. Bartol

Zimmer Manufacturing Company will exhibit in booth 34 the new Myo Cervical Collar which is used for whip lash injuries, arthritic necks, torticollis or wry neck and generally to stabilize or slightly hyperextend the region.

We will also demonstrate our Flex-Foam Bandage which is made with drill fabric backing of perforated foam rubber and prevents slipping and also gives persistent traction. Perforation allows for ventilation and comfort. Foam rubber prevents irritation.

We will also exhibit a number of new orthopedic instruments and intramedullary pins.

Relax the best way ... pause for Coke

**continuous quality
is quality you trust**





With little chance of error in Formula Preparation

BAKER'S MODIFIED MILK*

Feeding Directions
Baker's Modified Milk (Liquid)
 (Normal dilution for liquid provides 20 calories per liquid ounce.)

	Baker's	Boiled Water
Hospital	1 part	2 parts
First week at home	1 part	1½ parts
After first week at home	1 part	1 part

Also available in powder form. Normal dilution one tablespoon to 2 ounces of water provides 20 calories per fluid ounce.

Designed for all infant feeding from birth to the end of the first year, Baker's Modified Milk is a time-saver for busy physicians and busy hospitals.

Baker's Modified Milk is furnished gratis to all hospitals for your use.

*Made exclusively from Grade A milk (U. S. Public Health Service Milk Code) which has been modified by replacement of the milk fat with vegetable and animal fats and by the addition of carbohydrates, vitamins and iron.

THE BAKER LABORATORIES, INC.

Milk Products Exclusively for the Medical Profession

MAIN OFFICE: CLEVELAND 3, OHIO

PLANT: EAST TROY, WISCONSIN

The Maternal Mortality Study Program

C. O. McCORMICK, M.D.

Indianapolis

THIS ARTICLE, pursuant to the announcement which appeared in the July ISMA News Flash, concerns itself with the workings and purposes of the state-wide mortality study program set up in March, 1955, by the Indiana State Medical Association, the Indiana State Board of Health, and the Indiana University School of Medicine.

The project takes upon itself the study of all maternal deaths from the viewpoint of preventability, having as its sole objective the reduction of maternal mortality. The phenomenal achievement in this field during the past 25 years (In 1930, one childbearing mother in 160 lost her life (370—59,280) ; in 1955, one in 3,014 (36—108,500)) might lead one for the moment to question the need of such an investigation or study. However, the startling fact as revealed by all studies such as herein described, is that fully two-thirds of all present-day maternal deaths are preventable. On this basis, at least 24 of the 36 of the maternal deaths that occurred in the state in 1955 were avoidable, casting a separate or joint preventability upon the attending physician, the hospital, or the patient herself.

Mothers should be saved not alone for sentimental values, but also for their civic worth. When the mother link of a family chain is broken, the community and state suffer.

The first maternal mortality study was originated on a local level in Philadelphia in 1931 (25 years ago). Other such studies followed in New York City, Baltimore, Chicago, and other leading metropolitan centers. Although the endeavor was slow to reach state-level, during the past decade the recognition of its importance spread rapidly, and today a maternal mortality committee functions on a state level in 35 states, 1 territory, and the District of Columbia. The value of this work is demonstrated by an experience in one of our leading states. In this par-

ticular state after its committee had functioned for a period of time, showing a definite progressive decline in maternal mortality, the committee for some reason ceased operating for 2 years. The mortality rate shortly thereafter showed a progressive increase, and as a result a committee was reappointed.

HOW REVIEW IS MADE

The review of a maternal death case is conducted by a special committee known as the "Maternal Mortality Study Committee." This committee is composed of those primarily interested in obstetrics and those representing specialties pertinent to obstetrical problems. For the most part, the appointments are made by the President of the Indiana State Medical Association. Those members not subject to appointment by the President are the following:

Chairman (Because of his position as Professor of Obstetrics and Gynecology at Indiana University, he is permanent chairman.)

Representative of State Board of Health,
and the

Representative of the Coroner's Office

The **Interrogators**, employed special appointees, who gather at first hand the information for the committee, are appointed by the chairman of the Maternal Mortality Study Committee.

The co-chairman is appointed by the ISMA president in liaison with the chairman.

Herewith is the original and present Maternal Mortality Study Committee:

Carl P. Huber, Indianapolis, chairman

C. O. McCormick, Indianapolis, co-chairman (5 years)

Anesthesiologist:

Vergil K. Stoelting, Indianapolis (4 years)

Cardiologist:

W. Donald Close, Indianapolis (2 years)

General Practitioner (Besides enjoying a creditable obstetrical practice, he must show a special interest in maternal welfare):

Glen V. Ryan, Indianapolis (2 years)

Internist:

William G. Bannon, Terre Haute (1 year)

Obstetricians - Gynecologists (Must be mature obstetricians, and at least 3 Board members):

David A. Bickel, South Bend (5 years)

Charles F. Gillespie, Indianapolis (5 years)

Elwood J. Meredith, Richmond (3 years)

Mahlon F. Miller, Fort Wayne (3 years)

Pathologist:

Edward B. Smith, Indianapolis (4 years)

Urologist:

Robert A. Garrett, Indianapolis (4 years)

Director of Maternal and Child Health Division of the Indiana State Board of Health

Verne K. Harvey Jr., Secretary to the Committee, Indianapolis

Representative of the Coroner's Office

So far as is personally known, the including of a general practice representation in the membership of the committee is unique. Considering the many contributing factors to maternal problems familiar to the general practitioner, but not encountered and sometimes not properly evaluated by the specialist, it was felt his representation would be a distinct asset.

The three appointed interrogators, two of whom are Board members and the other qualified for certification, are the following:

John E. Mackey, Indianapolis (5 years)

Charles R. Mather, Lafayette (5 years)

Robert H. Oswald, Evansville (5 years)

The state has been divided into north, central and south areas, each area being assigned to a certain interrogator. No interrogator covers a case in his home community; one of the other interrogators substitutes for him.

The terms of office for each of the various committee members appointed by the president

and chairman is 5 years, with two members of the committee retiring each year (see listing of committee members). Each member is subject to reappointment. The terms of office for each of the interrogators is likewise 5 years, and each interrogator is subject to reappointment.

THE MODUS OPERANDI OF THE STUDY PROCEDURE

The procedure is conducted upon the following precepts:

1. Names of physicians, patients, hospitals, and other confidential identifications shall not be used in any reports issued to or by the committee.

2. Liaison with the Director of Maternal and Child Health Division in the maternal mortality study project shall be the responsibility of the chairman of the committee.

3. Liaison with all county medical societies, the Indiana Section of the American College of Obstetricians and Gynecologists, Indiana Academy of General Practice, local obstetrical and gynecological societies, Indiana Hospital Association, Indiana Coroners' Association, and local public health agencies shall be established by the Committee.

4. Under no circumstances shall the interrogator or any representative of any of the three sponsors (the Indiana State Medical Association, the Indiana State Board of Health, and the Indiana University School of Medicine) interview any family member of the deceased or any representative thereof without first obtaining the consent of the attending physician and the consultant.

5. The puerperium shall be considered to last one year. All women, who die during this 12 months puerperium shall be included in this study, lest a real "maternal death" be erroneously omitted. This is of special importance in cases of heart disease, chorio-epithelioma, and cervical cancer.

6. Standards of reporting and nomenclature shall be established in conformity with the national and international programs.

7. Annual reports shall be made to members of the Indiana State Medical Association through THE JOURNAL of the Indiana State Medical Association. Each case will be classified as *maternal death* or a *non-maternal* (non-obstetric) *death*. *The responsibility shall not be published.*

8. The expense of operating the study shall be borne chiefly by the State Board of Health plus

allotted federal funds. These expenditures in addition to that of the interrogators' service fees, shall include information forms, stationary, typing, mailing and keeping of certain records.

9. The interrogators shall bear their own transportation, hotel and meal expenses. The services of the committee shall be performed gratuitously. However, the meeting dinners and transportation costs of those living outside the county in which the meeting is held shall be paid by the Indiana State Medical Association. This latter arrangement shall apply also to the interrogators. (They are requested to attend all reviewing sessions.)

10. The secretary of the committee (Director of Maternal and Child Health Division), owing to his knowledge and custody of all confidential information including that of death and birth certificates, shall not engage in the reviewing discussions by the committee.

11. Before a case is reviewed by the committee, the attending physician is notified by letter by the secretary.

12. The committee shall not engage in any type of chastisement or disciplinary action.

PROCEDURE IN DETAIL

The interrogator, having been notified by the secretary of a maternal death, promptly contacts the attending physician and arranges for an early interview. At the interview, he fills in a comprehensive blank form covering the pre-conceptional history of the patient and the antepartum, partum, and postpartum phases of the pregnancy. He then reviews the hospital records (if any) and when indicated contacts the anesthesiologist (anesthesia accounts for 10 percent of maternal deaths) and the consultant (if any) for further information. From the total information obtained, he prepares an adequate abstract of the case for presentation before the committee. He gives facts only; he does not give an opinion.

Additional word regarding the blank form employed by the interrogator:

The first or top sheet is chiefly devoted to confidential information such as the name and address of the patient, the name of the attending physician and consultant, the name of the hospital (if any), and any other identifying information. When the form and abstract of the case have been completed, the interrogator turns them in

to the secretary (Director of Maternal and Child Health Division), who removes the top or confidential sheet. All such confidential information is placed under his custody in locked files, and is accessible to him only.

The balance of the case report, now identified by code number, and the abstract are given by the secretary to the chairman of the Maternal Mortality Study Committee, who keeps them under his care with similar reports in a locked file in the Obstetrical Department of the University, to be used for instructional purposes.

The committee has as its duty the study of all deaths associated with pregnancy, such as placenta previa, medical, surgical, accidental, ectopic, suicides, and abortion. As soon as the committee achieves smooth operation, it will also take on the study of stillbirths and all neonatal deaths bearing obstetric factors. (All other neonatal deaths: i.e., those occurring within 30 days following birth, will be reserved for a Pediatric Committee such as now serves in many leading centers.)

In brief, the duty of the committee is to discuss factors of preventability and assign responsibility.

As the procedure becomes more workable, the Vital Statistics Division of the Indiana State Board of Health will cross match the deaths of all women between ages of 15 and 45 against all births and stillbirths within one year, and will present them for study. One state committee (Minnesota) discovers many of these deaths should be attributed to parturition. About one-third of their cases arise from this source.

The committee conducts its meetings either in closed session or in open forum. The secretary provides each committeeman a carbon copy of the abstract of the case prepared by the interrogator.

Each case is viewed from four angles:

1. Is the death a maternal (obstetrical) death?
2. If so, is it a preventable or avoidable death?
3. If so, does the preventability rest with the patient, the doctor, or the hospital?
4. Is the certificate of death diagnosis correct?

The discussion of the preventable factors is directed by the chairman to the committee mem-

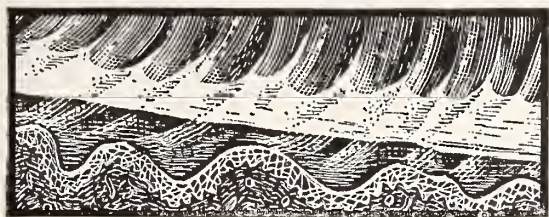
THOROUGH PENETRATION WITH VAGISEC® COMBATS

Jelly and liquid

FLARE-UPS

OF VAGINAL TRICHOMONIASIS

VAGISEC liquid is the unique trichomonacide that explodes trichomonads within 15 seconds. It is a proved combination of three chemical agents which penetrates to hidden trichomonads and eliminates failure of treatment and flare-ups due to lack of penetration.



VAGISEC liquid penetrates to trichomonads buried among the vaginal rugae and imbedded in mucus and desquamated cells.

Hidden trichomonads. Trichomonads do not exist in the vaginal secretion alone. They are vigorously motile and burrow deeply into the surface of the vaginal mucosa where cellular debris and mucus cover them. VAGISEC liquid lowers surface tension, penetrates the cellular debris and dissolves mucoid material^{1,2} that lines the vaginal wall and lies buried among the rugae. It reaches and explodes hidden as well as surface trichomonads.

Unique overpowering action. VAGISEC liquid combines a chelating agent and two surface-acting agents that act in balanced blend to weaken the trichomonad's cell membrane, to remove its waxes and lipids, and to denature its proteins. The parasite imbibes water, swells up and explodes. No other agent or combination of agents kills the trichomonad in this specific fashion, or with this speed.

Trichomonads explode within 15 seconds. "Motion pictures taken through a phase-contrast microscope at 24 frames per second show that individual trichomonads are destroyed within 10 to 14 seconds after contact . . ." with solution of VAGISEC liquid.³

The Davis technique.[†] The remarkable speed and uniquely effective action of this

trichomonacide are the result of the intensive research of its originators, Dr. Carl Henry Davis, well-known gynecologist and author, and C. G. Grand, research physiologist, who introduced the agent as "Carlendaide" and had it clinically tested by more than 150 physicians, including over 100 leaders in obstetrics and gynecology.^{2,3} In this extensive evaluation, better than ". . . 90 per cent of apparent cures have been obtained. . . ." For "the small percentage of women who have an involvement of cervical, vestibular or urethral glands, other treatments will be required."³

Office treatment. Expose vagina with speculum. Wipe walls dry with cotton sponges and wash thoroughly for about three minutes with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton sponges. Office treatments are an integral part of the Davis technique.

Home treatment. Prescribe both VAGISEC liquid and jelly. Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual cycles, but omitted on office treatment days. Doucheing contraindicated in pregnancy.

Summary. VAGISEC liquid penetrates to hidden trichomonads and explodes them in 15 seconds. VAGISEC jelly and liquid are non-toxic and non-irritating, leave no messy discharge or staining. VAGISEC liquid and jelly have been clinically tested and proved a remarkably fast-acting, effective treatment for vaginal trichomoniasis.

Active ingredients: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

1. Davis, C. H.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954.

2. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955.

3. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955.

†Pat. App. for

VAGISEC is a registered trade-mark of Julius Schmid, Inc.

JULIUS SCHMID, INC., gynecological division

423 West 55th Street, New York 19, N. Y.

bers. The secretary has photostatic copies of the death and birth certificates on hand, and has complete custody of them. His knowledge of these certificates is frequently helpful. Except for the secretary, all identification is withheld from the committee.

At the close of the discussion, the committee voices its decision either by closed ballot or by hand-raising. The review of each death is systematic, wholly impersonal, and completely objective.

No report of the committee's opinion is sent to the attending physician unless he wishes it. However, in the secretary's letter notifying him the case is to be reviewed, he is told he may have a copy of the report if he so wishes. In case he does, along with the copy of report, the secretary may enclose an essay of instruction, which applies to the particular case. No attempt is made to criticize his failure of skill or therapy.

The greatest benefit in way of education, and in turn reduction of maternal mortality and infant salvage, that comes from this endeavor is obtained through the open forum sessions. They afford the best course in postgraduate obstetrics imaginable.

Those invited to the open forum:

All doctors in the community who deliver babies are invited by postal card mailed by the secretary. The attending doctor, consultant, and hospital administrator are invited by letter.

All other physicians, obstetrical residents and interns, obstetrical supervising and public health nurses, and junior and senior medical students are permitted to attend.

Questions and discussions are invited from the floor. The doctor on the case is not asked to discuss the case, but he may do so if he wishes. He usually does.

It is hoped the committee will be invited from time to time to conduct an open session before medical societies or groups out over the state.

The committee is scheduled to hold three to four meetings per year.

The four outstanding causes of maternal deaths are, and in order; hemorrhage, toxemia, infection, and anesthesia. In each of these fields improvement is seriously needed. It is not only the wish but the duty of the committee to assist in reducing deaths from these causes.

The committee wishes to remind attending physicians of the vital importance of obtaining autopsies. (In 1955, 73 per cent of Massachusetts maternal mortalities were subjected to postmortem examination.)

In addition to greatly reducing present-day maternal and perinatal mortalities the project stimulates a notable interest in more efficient maternal care; more, earlier, and more select consultations; better hospital records; and more accurate death certificate diagnoses.

The fullest cooperation of *all* Indiana physicians in supporting this new and important project of the Association is earnestly solicited.

621 Hume Mansur Building.

**HAVE Y-O-U GIVEN TO THE
A. M. E. F.?**



MARY POGUE SCHOOL, INC.

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

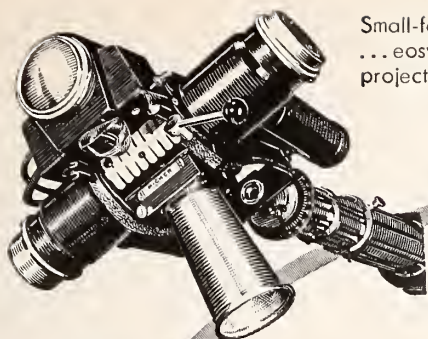
Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

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Medical Director

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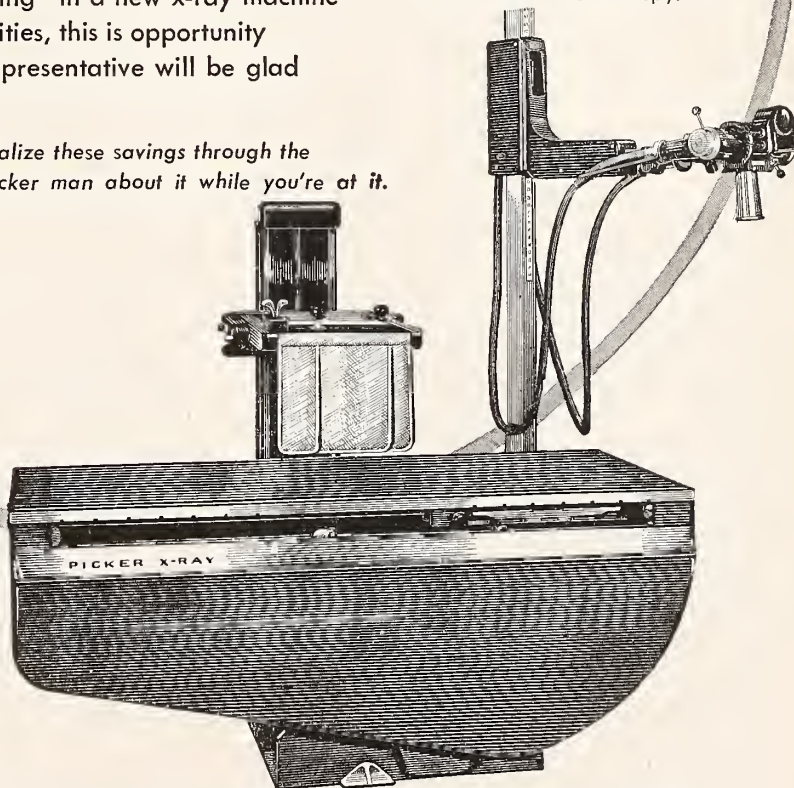
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Deaths . . .

John M. Whitehead, M.D., 67, retired Indianapolis physician, died August 9 in Methodist Hospital after a long illness. He retired in 1954.

Dr. Whitehead served as chief anesthetist at Methodist Hospital and had a general practice for many years on the east side of Indianapolis.

He was a native of Pike county and a graduate in 1916 of Indiana University School of Medicine. During World War I he served as a Navy doctor and in 1919 joined the house staff of Methodist Hospital.

Dr. Whitehead was an active member for many years of the Indianapolis Medical Society, the Indiana State and American Medical Associations. He served for several years as assistant treasurer of the Indiana State Medical Association. He also held membership in fraternal, social and church groups.

Joseph W. Dale, M.D., 68, Chesterton, died August 18 in his home following a long illness. He had been in practice for 46 years and a resident of Chesterton since 1931.

Dr. Dale was born in Iowa. He was a graduate of the Chicago College of Medicine and Surgery, where he received his degree in 1910. He was in practice for 20 years in Ashton, Illinois, before coming to Indiana 25 years ago. All business firms in Ashton closed during services for their former community physician.

Dr. Dale was a member of the Porter County Medical Society, Northern Indiana Medical As-

sociation, the state and national medical associations. He had also been an active member of church and lodge.

Paul E. Smith, M.D., 54, died August 26 in Robert Long Hospital, Indianapolis, where he had been hospitalized for several weeks for treatment of a heart condition. He had suffered a heart attack early in the summer.

Dr. Smith, a native of Kansas and 1934 graduate of the University of Kansas School of Medicine, had been in practice for the last five years in Bloomington. Previously he had been in Ellettsville for five years. He was a member of the Owen-Monroe County Medical Society, the Indiana State Medical Association and the American Medical Association. He was a member of church and fraternal orders.

Dr. Smith was the son of Dr. Ira E. Smith, a practicing physician in Atlanta, Kansas, for many years.

Jacob C. Glass, M.D., 82, retired Decatur county physician, died August 19 in Memorial Hospital, Greensburg.

He was a native of Decatur county and taught school there for 11 years before graduating from the University of Louisville School of Medicine in 1907. He practiced in Arkansas for a brief time, was in Millhousen for nine years and in practice in Greensburg for 35 years. He also served as Decatur county coroner for two terms.

NEWS NOTES — from State and Nation

Medical Assistants Plan Meeting for Organization

With the approval of the Council of the Indiana State Medical Association, medical assistants from throughout Indiana are planning an October 17 meeting in Indianapolis for the purpose of discussing and formulating plans for a State Medical Assistants Association.

Two representatives of the Indianapolis Medical Assistants Association attended a meeting in November, 1955 in Kansas City when plans were formulated for a national organization of medical assistants. To be eligible for membership medical assistants must have a state organization as well as their local groups.

Any person whose work is the assistance of physicians in their profession, including receptionists, technicians, nurses and secretarial assistants of county and state medical societies, may join a medical assistants association.

Notices of the October 17 meeting have been sent to all county medical societies in the state to be transmitted to office assistants of physicians.

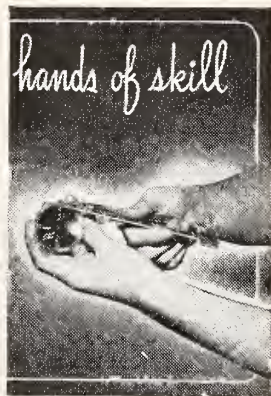
Dr. Robert J. Nichols is now associated in the practice of radiology in Vincennes with Dr. A. A. Sullenger. Dr. Nichols was graduated from Indiana University School of Medicine in 1945. He is a diplomate of the American Board of Radiology. For the last four years he has practiced radiology in Winston-Salem, North Carolina. He will assist Dr. Sullenger with the radiology service at Lawrence County Memorial Hospital, Lawrenceville, Illinois, and at the Dubois County Memorial Hospital at Jasper. Dr. Nichols is married and has three daughters.

Dr. E. E. Linn, who has been in practice in LaPorte since 1931, has retired effective September 7, and plans to make his future home in Cashiers, North Carolina, where he and Mrs. Linn have built a new home. Dr. Linn, an eye, ear, nose and throat specialist, formerly lived in South Bend.

Dr. Joseph H. Tuchman, discharged as a commander after two years naval service, has opened an office for general practice and surgery at 4456 North Keystone Avenue, Indianapolis. A 1944 graduate of I.U. School of Medicine, Dr. Tuchman served his internship at General Hospital, Indianapolis, and a two year residency in surgery at St. Louis Jewish Hospital. Dr. and Mrs. Tuchman and their two children live at 1154 Hawks Lane, Indianapolis.

Dr. William E. Dye has returned to Oakland City, his home town, where he has established offices for the general practice of medicine in the Wood building. Dr. Dye entered military service immediately after his graduation in 1944 from Oakland City High School. After two years in the Air Force he entered Oakland City College, later transferred to Evansville College

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Many refrain from bringing up the subject out of a sincere respect for their doctor, supposing it somehow unbecoming to talk to him about money. Many professional societies are now

trying to clear up this misconception. For example, you may have noticed a significant plaque which hangs in thousands of physicians' waiting rooms. It says:

"To all my patients—I invite you to discuss frankly with me any questions regarding my services or fees. The best medical service is based on a friendly mutual understanding between doctor and patient."

Sometimes, of course, your doctor cannot tell you, in advance, precisely what a course of treatment or an operation is going to cost. But you will always find him willing to discuss the subject, and to tell you if he can. Today more than ever before in medical history, the bill your doctor sends you can represent one of the really big bargains of your life—in terms of health, happiness and peace of mind.

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is the latest example of this advertising. It tells the public that they can discuss medical fees with their physicians without embarrassment . . . and that such discussions improve the important relationship between doctor and patient.

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What mother-to-sister, that prescription passed on from some medicine at home that helped her.

That's all right, but medicine is about the only thing I can't borrow!

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I know what you got it only one doctor. Why should I run up a doctor bill?

This doctor was wrong. It is . . . and my old remedy was money by savings him money!

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and after receiving his degree entered Indiana University School of Medicine. He recently completed his internship at Highland Park General Hospital in Detroit. Dr. and Mrs. Dye and their seven year old son are living at 518 South Jackson street in a recently purchased home.

Dr. Clarence Joseph Wheeler has joined the staff of Welborn Clinic, Evansville, as a general physician and chest surgeon. A native of Dallas, Texas, he entered medical school after serving 44 months as a fighter pilot during World War II. After receiving his degree from Johns Hopkins University in 1950 he served a one year internship in general surgery there. From 1951 to 1954 Dr. Wheeler served a residency in general surgery at Barnes Hospital, St. Louis. He recently completed a postgraduate residency in chest surgery at the University of Wisconsin School of Medicine. Dr. Wheeler holds membership in several national specialty organizations. He is married and has five children. Mrs. Wheeler was formerly head of the Barnes Hospital laboratory.

Dr. John Kenneth MacLeod, a graduate of Tufts Medical School, Boston, has been appointed to the staff of the South Bend Clinic where he will work in the obstetrics department. Dr. MacLeod served his internship at Brooks General Hospital, San Antonio, and residency at Bethesda Hospital, Cincinnati.

Dr. Loyd K. Stump and **Dr. Paul F. Benedict** have opened offices at 3939 Meadows Drive, Indianapolis, where Dr. Stump will practice internal medicine and Dr. Benedict general surgery. Both men are I. U. graduates. Dr. Stump received his medical degree in 1950, interned at the University of Texas and took postgraduate work at Ohio and Indiana universities. Dr. Benedict was a 1948 graduate, interned at the I. U. Medical Center, then had 4½ years of postgraduate training in surgery at the Medical Center and West 10th Street Veterans Hospital.

Dr. and Mrs. Stump and their two sons live at 4437 Indianaola. Dr. and Mrs. Benedict and their two children live at 2652 Cold Springs Lane.

Military Surgeons to Meet November 12-14 in Washington

The annual meeting of the Association of Military Surgeons of the United States will be held at the Statler Hotel in Washington, D. C. on November 12, 13 and 14. The meeting will point up the growing responsibilities of medicine and its associated disciplines in the federal medical services.

The convention will be addressed on the first morning by representatives from the office of the Assistant Secretary of Defense (Health and Medical) ; by the Surgeons General of the Army, Navy, Air Force and Public Health Service ; and by the chief of the medical service of the Veterans Administration.

There will be no charge for registration and all interested individuals are invited to attend.

Dr. James M. Brown, who has been in general practice for five years in Anderson, is leaving during December for St. Louis where he has accepted a three-year residency in obstetrics and gynecology at St. Louis City Hospital. Dr. Brown is a graduate of St. Louis University School of Medicine. The Brown family will move to St. Louis for the period of Dr. Brown's residency there.

New Doctor Welcomed in Silver Lake Medical Building

Citizens of Silver Lake welcomed Dr. P. H. Pierson, formerly of Anderson, as their new physician late in July when they held open house in the new 10-room medical building which the Lions Club provided to induce a physician to settle in the small community. The medical clinic is located on State Road 15 just north of the Silver Lake business district. Much of the work of building the structure was done by Lions Club members.

Dr. Pierson is a graduate of Indiana University School of Medicine, served his internship at Indianapolis General Hospital, and has served for three years on active duty as a flight surgeon with the U. S. Air Force. He has moved his family to Silver Lake.

After completing his residency in general surgery at Hartford Hospital, Hartford, Connecticut, **Dr. John Robert Ball** has entered the practice of general surgery as an associate of Dr. Francis E. Sarver at 320 Medical Center Building, Fort Wayne. Dr. Ball is a native of Wilmington, Delaware, received his medical degree in 1950 from Jefferson Medical School, Philadelphia, and then interned and was in residency at Indianapolis General Hospital and the I. U. Medical Center. Dr. and Mrs. Ball and their daughter live at 1414 Park Avenue, Fort Wayne.

Indiana Physicians to Appear on Rhinologic Society Program

Three Indiana physicians will participate in the second annual meeting of the American Rhinologic Society in Chicago, October 9-13.

Dr. Lewis E. Morrison, Indianapolis, will discuss "Children's Injuries" during the workshop presentations; Dr. Walter J. Aagesen, Anderson, will speak on "Anterior and Inferior Cartilaginous Strips"; and Dr. Carl B. Sputh, Jr., Indianapolis, will have "Delivery of Lobular Cartilage" as his topic.

Clinical sessions will be presented in the Illinois Masonic Hospital, 834 Wellington Avenue, with Dr. Maurice H. Cottle, founder of the society, in charge.

There is no registration fee. The profession is welcome to attend the scientific sessions as guests of a member of the society. Further information may be obtained from Mrs. Mabel Campbell, corresponding secretary, 834 Wellington Avenue, Chicago 14, Illinois.

Dr. C. J. Walton, a graduate of the University of Louisville, has established offices for the general practice of medicine in Milltown in the building recently vacated by Dr. Claude E. Davis. Dr. Walton was athletic director of city schools in Elizabethtown, Kentucky, after his graduation from college. He received his Master of Science degree from the University of Kentucky in 1948, then attended medical school at Emory University and the University of Louisville. He served his internship and later was on the staff at Louisville General Hospital.

GP's New National Headquarters Dedicated

More than 400 physicians, dignitaries and guests, attended the formal dedication of the new American Academy of General Practice National Headquarters Building in Kansas City on September 1.

The principal speaker was Dr. Dwight H. Murray, Napa, California, president of the American Medical Association.

The reinforced concrete building, finished in brick, Indiana limestone and Minnesota granite was built at a cost of \$600,000. It houses the Academy staff and the officers of GP magazine. The building is located at Volker and Brookside Boulevards.

The Academy, founded in 1947, is already the nation's second largest medical association with a membership of 21,000.

Dr. Ernest B. Norris, who has been in practice in Middlebury for 20 years, has moved to Culver where his office and residence are at 2805 East Shore Drive. He is a 1930 graduate of I. U. School of Medicine and served five years as a captain in the Medical Corps during World War II.

Dr. John D. Tharp, who had been in practice in Culver, has moved to Xenia, Ohio, for residence.

Dr. H. D. Hinshaw, Connersville, has established offices for the general practice of medicine in LaPorte, where he has taken over the offices of Dr. Robert F. Wilcox who recently retired. Dr. Hinshaw was graduated from I. U. School of Medicine in 1955 and served his internship at the Medical Center Hospitals. His offices are at 808 Maple Avenue. Dr. and Mrs. Hinshaw have established their residence at 1226 Michigan Avenue, LaPorte.

Dr. Dana Troyer, Bloomington, Illinois, has leased the offices of Dr. Philip Bowser in Goshen and on September 1 opened his practice as an

eye specialist. A former resident of Goshen, Dr. Troyer received his degree in medicine from Northwestern University School of Medicine where he also interned for a year. He then spent a year at Charity Hospital, New Orleans, followed by three years at the Illinois Eye and Ear Infirmary in Chicago. Dr. and Mrs. Troyer and their sons are residing on Bashor Chapel Road, Goshen.

Kirklin to Have Doctor Next Year; Community to Build Center

When Dr. Charles E. Bush, Jr., completes his residency in surgery at St. Joseph Hospital, Lexington, Kentucky next June he will establish practice in Kirklin where the community now is backing a program to build and equip a modern medical clinic for his use.

Dr. Bush, a native of Lafayette, is a graduate of I. U. School of Medicine and served his internship last year at St. Elizabeth's Hospital, Lafayette.

As a gesture of appreciation for his decision to settle in Kirklin, residents of the area held a public basket dinner recently in the Kirklin High School gymnasium. Special guests were Dr. F. S. Crockett, West Lafayette, vice-president of the AMA, who was instrumental in locating the young doctor for Kirklin, and Mrs. Edna Sewell, Otterbein, a pioneer in the rural health movement and well-known speaker.

Kirklin has been without a physician much of the time since the death in 1947 of Dr. William C. Mount.

American College of OB-GYN Plans Chicago Meeting

Round table discussions and breakfast conferences will again highlight the meetings of the American College of Obstetricians and Gynecologists at the fifth annual clinical meeting to be held at the Palmer House, Chicago, November 7-9.

During the three-day meeting, 200 round tables and 100 breakfast conferences will be held. Leaders of these discussions will be Fellows of the College and guest speakers, carefully selected for their special knowledge on the particular subject and their ability to stimulate and guide the discussion.

Three panel discussions will be offered, one on Anesthesia in Obstetrics, one dealing with problems connected with adoption, and one on the Pathology of the Breast.

An innovation this year will be the "Consultation Hours" which will be held four times during the meeting. At each "Consultation Hour" a panel of three outstanding specialists will undertake to answer all questions presented to them before the session or while it is in progress.

There is no registration fee for Fellows or Junior Fellows of the College. Candidates for Fellowship or Junior Fellowship whose names have been published in the ACOG Newsletter will have a registration fee of \$10.00. All other persons will pay \$20.00 except residents in obstetrics and gynecology who may register at the meeting without charge upon identification.

Section chairman and vice-chairman for Indiana are: Dr. David A. Bickel, South Bend, and Dr. David L. Smith, Indianapolis.

GIVE GENEROUSLY

TO THE

A.M.E.F.

Dr. Paul M. Waitt, native of Sheridan and 1955 I. U. graduate, has entered the Public Health Service and after a brief orientation period in Washington, D. C. and Kansas City, he has gone to St. Louis where he will serve as senior assistant surgeon at the U. S. Public Health Service office. He will also work in heart research and will study at both St. Louis and Washington Universities. Dr. Waitt had been in practice in Indianapolis for a brief time after completing his St. Vincent's Hospital internship.

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THE MARTINSVILLE MINERAL SPRINGS

RAY D. MILLER, M.D., *Medical Director*

DONALD H. KENNEDY, *Executive Director*

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

THE COUNCIL

August 5, 1956

The Council of the Indiana State Medical Association convened for its summer meeting at 10:00 a.m., Central Daylight Saving Time, Sunday, August 5, 1956, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Kenneth L. Olson, chairman, presiding.

Roll call showed the following present:

Councilors:

First District..... Minor Miller, Evansville
Second District..... Not represented
Third District..... Keith Hammond, Paoli
 John M. Paris, New Albany,
 alternate
Fourth District..... Not represented
Fifth District..... M. C. Topping, Terre Haute
 V. Earle Wiseman, Greencastle,
 alternate
Sixth District..... Harry P. Ross, Richmond
Seventh District..... Lester D. Bibler, Indianapolis
 Charles A. Jones, Franklin,
 alternate
Eighth District..... Guy A. Owsley, Hartford City
 Gordon B. Wilder, Anderson,
 alternate
Ninth District..... Wemple Dodds, Crawfordsville
 H. E. Klepinger, Lafayette,
 alternate
Tenth District..... James P. Vye, Gary
 Ralph C. Eades, Valparaiso,
 alternate
Eleventh District..... Max R. Adams, Flora
Twelfth District..... Maurice E. Glock, Fort Wayne
Thirteenth District .. Kenneth L. Olson, South Bend
 G. O. Larson, LaPorte, alternate

Officers:

WALTER U. KENNEDY, New Castle, president
ELTON R. CLARKE, Kokomo, president-elect
O. W. SICKS, Indianapolis, treasurer
FRANK B. RAMSEY, Indianapolis, editor of THE JOURNAL
A. W. CAVINS, Terre Haute, Associate Editor of THE JOURNAL

Executive Committee:

James W. Denny, Indianapolis, chairman
E. H. Clauser, Muncie
Albert Stump, attorney
Robert Hollowell, attorney
Robert J. Amick, field secretary
Kenneth W. Bush, field secretary
J. A. Waggener, executive secretary

Guests:

Cleon A. Nafe, Indianapolis } A. M. A. delegates
E. S. Jones, Hammond }
Earl W. Mericle, Indianapolis, A. M. A. alternate
 delegate
J. William Wright, Sr., Indianapolis, co-chairman,
 Committee on Public Policy and Legislation
John W. Humphreys, Crawfordsville, president,
 Montgomery County Medical Society
R. S. Saylor, Indianapolis, executive vice-president,
 Mutual Medical Insurance, Inc.

On motion of Drs. Miller and Vye, minutes of the meeting held at Indianapolis April 29, 1956, were approved as printed in the June, 1956, Journal.

REPORTS OF COUNCILORS

Doctor Miller announced that the First District Medical Society will meet on September 20 at Mt. Vernon, Posey County.

Doctor Bibler reported that the Seventh District Medical Society would hold its next meeting on September 26 at Franklin. "One of the highlights of the Seventh District is that we are opening the new Community Hospital in Indianapolis tomorrow."

Dr. Ross reported that his district society, at its meeting in April, went on record in favor of the candidacy of Will A. Thompson of Liberty for nomination for Physician of the Year for 1956.

Doctor Dodds reported that Dr. Kenneth O. Neumann of Lafayette will take office January, 1957, as alternate councilor, succeeding Dr. H. E. Klepinger, who wished to retire. He introduced his guest, Dr. John W. Humphreys, Crawfordsville, president of the Montgomery County Medical Society.

The Ninth District meeting will be held at Fowler on May 23, 1957.

Doctor Dodds presented the following resolution received by the Tippecanoe County Medical Society from the Indiana Association of Pathologists and adopted by the Tippecanoe County Society:

WHEREAS under the laws of Indiana the practice of medicine is restricted to those persons who have been duly licensed by the State, and

WHEREAS under the statutes of the state it is unlawful for a corporation to practice medicine, and

WHEREAS when a corporation maintains a department, such as Pathology and Radiology, which is operated by a licensed physician under independent contract, such corporation may not give such physician directions or instructions relative to diagnosing or treating ailments or disease without thereby destroying the relationship of independent contract and violating the laws of Indiana, and

WHEREAS all medical regulations are designed to produce the best possible care and service to the patient,

THEREFORE BE IT RESOLVED that a corporation or person not licensed to practice medicine may not give directions or instructions in the diagnosis or treatment of ailments to a licensed physician and surgeon, and when such an attempt is made, that it be brought to the attention of the Indiana State Medical Association through proper channels for such action as its proper officials or committees may deem proper or applicable.

Signed: ROBERT McADAMS, M.D., Secretary,
Tippecanoe County Medical Society.

Following discussion by Drs. Topping and Dodds,

the Council adopted the above resolution on motion of Drs. Dodds and Miller.

Dr. Vye announced that the fall meeting date for the Tenth District Medical Society had not yet been set.

Dr. Adams reported that the Eleventh District would hold its fall meeting at Wabash on September 19, 1956.

Dr. Glock said the next meeting of the Twelfth District would be held the third Wednesday in May, 1957, at Pokagon State Park.

Dr. Olson announced that the Thirteenth District would meet the third Wednesday in November, 1956.

REPORTS OF OFFICERS

Dr. O. W. Sicks, treasurer: "Since the last meeting, \$30,000.00 has been drawn from the General Fund checking account and placed in 90-day Treasury Bills, paying 2.52% interest. These Treasury Bills can be redeemed on presentation at the bank. By investing in these short-term bills our money is always available. Since we have \$32,862.00 in the checking account of the General Fund, we hope to be able to leave this amount invested indefinitely.

"As our long-term bonds become due we reinvest the money in the best available securities.

"On May 9, as directed by the House of Delegates, the Student Loan Fund was established in the Indiana National Bank. Ten thousand dollars was transferred from the general checking fund to this loan fund. It became apparent that we were not going to use the fund in a hurried manner so \$5,000 of that was transferred to U. S. Treasury Bills.

"Investments in the General Fund now total \$241,000.00; in the Medical Defense Fund, \$23,000.00, and in the Student Loan Fund \$5,000.00. Total cash on hand, all funds, including The Journal fund and the petty cash fund, amounts to \$69,268.32."

Dr. Frank B. Ramsey, editor of THE JOURNAL, announced that THE JOURNAL office had been moved and expanded considerably, and extended an invitation to the Council members to visit the office and see the set-up. "The July annual year book number sold enough local advertising to set a record for all time for advertising revenue for THE JOURNAL."

Dr. Cleon A. Nafe, A.M.A. delegate, highlighted the actions taken at the meeting of the American Medical Association in Chicago, June 11 to 15, as follows: (See full report in July issue, Journal of ISMA).

(1) *Dr. F. S. Crockett*, of Lafayette, elected vice-president, without opposition.

(2) *Dr. Dwight H. Murray*, a Hoosier, took office as president.

(3) *Dr. Wendell Stover*, chairman of the Committee Appointed to Review the Functions of the

Joint Commission on Accreditation of Hospitals, presented an outstanding report, which was approved in full.

(4) Report of the Committee on Medical and Related Facilities of the Council on Medical Service, on which *Dr. Nafe* served, on the subject of "Private Practice by Medical School Faculties" accepted. The report stated, "This is a long, detailed report, built upon a thorough study concerning a controversial subject which we hope will be resolved in the near future. In view of this the Council would like at this time to submit the results of the detailed survey and the conclusions and recommendations to the House of Delegates for study during the coming months and for action at the 1956 Clinical Session of the House." This was not acceptable to five states where there is serious controversy with the medical schools and these states insisted that action be taken at this time. The report was adopted as a whole and contained the following recommendations:

- a. That medical schools do not enter into and do not accept fees for the private practice of medicine.
- b. That it shall be the policy of the American Medical Association that funds received from the private practice of medicine by salaried members of the clinical faculty of the medical school or hospital should not accrue to the general budget of the institution and that the initial disposition of fees for medical service from paying patients should be under the direct control of the doctor or doctors rendering the service.
- c. That adequate liaison be developed and maintained between each county medical society and the medical school, so that problems could be settled on a local basis.
- d. It is not in the public or professional interest for a third party to derive a profit from payment received for medical services, nor is it in the public or professional interest for a third party to intervene in the physician-patient relationship.
- e. The term "full-time" should not be used for men not doing the full-time practice of medicine.

Dr. E. S. Jones, A. M. A. delegate, added that all resolutions presented by the Indiana delegation, including *Dr. Bibler's* resolution, went through without any question whatsoever.

"It was rather gratifying when *Dr. Lull* came out with his Secretary's Letter in which he stated that 'in the history of the AMA, the finest report that was ever brought before the House of Delegates by any committee was brought by *Dr. Stover's* committee.' *Dr. Stover* and his committee did a grand job and they received an ovation like the House had never seen before. There are some interesting things in that report, which we think will solve a lot of the arguments against the Accreditation Commission.

"A resolution introduced by the radiologists, which will be brought up again at Seattle, was a little disturbing to me. In effect the resolution

states that no one can use radium or any of the isotopes unless he is a radiologist.

"The Committee on Ethics shortened the Code of Ethics quite a little and clarified a lot of questions as to what is ethical and what isn't ethical—this will be published in *THE JOURNAL* and will come up at the Seattle meeting for adoption or rejection."

Dr. Gordon B. Wilder, A.M.A. alternate delegate, said that this, his first experience as a delegate to the A. M. A., impressed upon him the magnitude of the job that the House of Delegates of the A. M. A. has.

Dr. Bibler: "I think it should be emphasized that this report of Dr. Stover's committee deals only with our representatives on the Commission of Accreditation and that these recommendations will be presented to the Accreditation Commission for approval. Dr. Babcock sat in on these discussions and we hope that they will be implemented, and at the same time we shouldn't feel too good until it is confirmed by the entire Commission, which is a separate organization . . . Dr. Babcock was sympathetic and it is my understanding that these recommendations will be approved by the Commission."

On motion of Drs. Bibler and Dodds the Council authorized the Executive Committee to arrange some type of recognition for Dr. Crockett and Dr. Murray during the state meeting in October.

UNFINISHED BUSINESS

1. *Election of Editorial Board members.* On motion of Drs. Topping and Vye, Drs. George N. Lewis, Gary (general medicine), and Samuel R. Mercer, Fort Wayne (dermatology), were re-elected members of the Editorial Board for three years.

2. *Medical Education Foundation Fund.* Dr. Glock, chairman of the Committee on Medical Education and Hospitals, reported that the total contribution from January through July 31 of this year was \$14,552.50. "As of June 30 we had about 442 contributors. This is in spite of the fact that we had a campaign supposedly this spring in conjunction with Medical Education Week in which we set a goal of \$50,000 for the year as we have for the past three or four years. We plan to make a further effort this fall and make a continued effort through the year, but in looking at the figures that I have available, starting in 1952, \$63,000.00; 1953, \$42,000.00; 1954, \$49,000.00; 1955, \$24,000.00, and so far this year only \$14,000.00, I can't escape the feeling, when only ten percent are giving, as to whether this is worthwhile as a voluntary program. If this is to be a worthwhile thing I think we have to ask that everybody get out and pitch and try to sell it."

Dr. Clarke called attention to the fact that originally this campaign for funds was set up on a three-year plan. Members were asked to contribute on a three-year basis; most of those pledges ran out last year, which no doubt accounts for the drop-

off in receipts. "If this thing is going to amount to anything at all, it has to be on a continuing basis."

3. *Floyd County Resolution on recommendations for fee schedule for hourly rated employees.* Dr. Bibler presented the following report:

"This resolution was presented to the Executive Committee of Mutual Medical Insurance, Inc., for its information and discussion, by Drs. Owsley and Bibler. There was very little comment at that meeting, and it is the recommendation of this Council Reference Committee on Insurance (Drs. Bibler, chairman, Owsley and Adams) that this resolution be referred to the Committee on Medical Care Insurance of the Indiana State Medical Association for further study and recommendations, and that Dr. Daniel H. Cannon, secretary of the Floyd County Medical Society, be so advised."

Dr. Bibler: "The reason for this recommendation at this time is that there was no decision as to what to do with this resolution. Actually, one of the directives in the resolution is that it be presented to the Indiana State Medical Association for action, and it is the opinion of this reference committee that it would be helpful if it were forwarded through the regular channels for disposition. In this report we recommend it be referred to the Medical Care Insurance Committee, and that committee in turn could refer it to the House of Delegates."

Dr. Paris explained that Mr. Converse of Blue Shield had asked the Floyd County Medical Society to submit a resolution regarding this subject of hourly wages. "There was correspondence that came down from headquarters. I can't imagine that Floyd County is the only county in the State of Indiana that got such correspondence or brought in such a resolution . . . I would like to bring this thing to a close, and, as a member of the Floyd County Medical Society, I would like to withdraw this resolution. . . . The Blue Shield Commission now denies any knowledge of knowing anything about it."

At the request of several councilors, Dr. Bibler read the resolution in part, as follows:

RESOLVED: By the Floyd County Medical Society that such centers are not conducive to good medical practices, patient care, or the future of the practice of medicine and that the impetus for the establishment of such centers (I might add that these are the health centers that the unions are putting up) comes partly from the failure to provide coverage for all medical service desired and partly from the failure of some physicians to relate their charges to the payments provided by insurance plans, and be it further

RESOLVED. That the members of the Floyd County Medical Society express their willingness to enter into an agreement to treat hourly rated employees of their community and their families for medical and surgical conditions on the basis of an average schedule of realistic fees and to cooperate with Blue Shield and all other health insurance underwriters in offering to industrial and other groups a schedule of fees more nearly meeting the actual fees charged for medical care

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and broadening the scope of coverage to more nearly meet all, not part, of the medical requirements of the insured persons and since it has been the good experience of the employer and patient employee and physician and surgeon that such a goal is fairly well satisfied by the indemnity schedule now in force between the Colgate Company and the Metropolitan Plan based on New Jersey schedule, and be it further

RESOLVED: That the Blue Cross-Blue Shield give consideration to revision of their schedule which would thereby make a practical certainty the desires set forth in the resolution of Local 23-UAW-CIO and the understood desire of employer and employee patient, and be it finally

RESOLVED: That copies of this resolution be presented to the Indiana State Medical Association for action.

On motion of Drs. Bibler and Owsley, the Council referred this matter to the Committee on Medical Care Insurance of the Indiana State Medical Association.

4. *North Central Blood Bank Clearing House.* At the April 29, 1956, Council meeting, the matter of lending \$1,000.00, interest free, to the North Central District Blood Bank Clearing House, to be paid back by the collection of fees, was discussed and was referred to the Council Reference Committee on Public Health, composed of Drs. Dudding, chairman, Miller, and Hammond. In the absence of Dr. Dudding, Dr. Miller reported that the reference committee was favorable to granting this loan of \$1,000.00, interest free. Discussed by Drs. Miller, Dodds, Ross, and the chairman. The NCCBBCH now includes thirteen states and is set up to serve the public and the doctor in clearing blood from one hospital to another and from one state to another, with hospitals all over the country participating in the program. It is one of five clearing houses which work together essentially as book-keeping offices to keep a record of the blood units used in one part of the country and replaced by donors in another part of the country. At the end of each month the records are pooled and an attempt is made to cancel out these debts, thus avoiding the shipping of blood and the payment of replacement fees in cash. The clearing house is operated on the basis of a fee of fifty cents for each unit of blood which is cleared through the office, and when the program gets established, the requested loan will be paid back from fees collected.

On motion of Drs. Miller and Bibler the Council voted to grant this loan of \$1,000.00, interest free, to the North Central District Blood Bank Clearing House.

5. *Student Loan Fund.* Dr. Ross, chairman of the special Committee on Student Loan Fund, reported that only three applications for loans had been received and the three applicants had been interviewed and his committee had agreed unanimously that these three students should be granted loans for \$500.00 each for the school year 1956-57.

He reported also that the committee had received an inquiry about a loan from a resident of California and called attention to the fact that the House of Delegates had ruled that only bona fide residents of the State of Indiana are eligible to receive loans. A student must not necessarily be enrolled in the Indiana University School of Medicine, but he must have legal residence in Indiana.

Whether or not the limited amount of \$500.00 a year is sufficient to be of any help to a student was discussed by Drs. Bibler, Ross, Nafe and Clarke, Dr. Clarke saying that "this limit was established for the purpose of gaining experience as this was all new to the reference committee which discussed it at the last convention. I think it will bear revision as we gain more knowledge as to how many applicants we are going to have and what their needs are going to be. It was put on an experimental basis and we should study our requirements pretty thoroughly within the next few years."

6. *Employees' Retirement Fund.* Dr. Sicks reported that on June 7 a check was drawn from the General Fund in the amount of \$5,865.61 in payment of the first year's premium on the employees' retirement insurance. At the present time only five employees are eligible to retirement benefits.

7. *Science Fair.* Dr. Mericle, chairman of the Committee on Public Relations, reported: "As you know, this Council was kind enough to endorse the travel for the winners of the science fairs in this district, plus their instructors to the National Science Fair at Oklahoma City in May. Two planes went from Indiana. . . . We had one student from St. Meinrad who placed second, and we had two or three others down the list, but no firsts. . . . I think the whole thing was very well done; Indiana is far out ahead of all of the other states insofar as contributing to this effort, and the tenor of the national group which we met there was one of gratitude that we had gone as far as we had to bring these people in. From a public relations standpoint I think it is the finest gesture this organization has ever made, and I hope you will all see fit to continue with it. I would like to appear at a later date and give you the grim details of how much it will cost next year—the fair is in Los Angeles next year."

Dr. Eades reiterated that the science fair trip to Oklahoma City in May was a huge success . . . "I personally would like to express my gratitude to the Indiana State Medical Association, and I hope the Association will continue to sponsor this event.

"It is something that is for the boys and girls, which we ought to do for them anyway."

Dr. Bibler asked how many medical societies participated in this program.

Dr. Mericle: "Not very many. It is the coming thing though. . . . I talked with many people down there, and most of them were going back and try

to enlist the aid of their medical groups at home to bring these students to these affairs. Certainly the AMA is back of it 100%; if it should become a national gesture, it certainly would be the finest overall public relations thing that could come to pass."

**1956 Annual Convention, Indianapolis,
October 16-18, 1956**

The secretary announced the plans for the convention are complete, both the scientific and entertainment programs. An outline of the scientific program will be in the September Journal, and the complete program will appear in the October issue.

MEMBERSHIP MATTERS

The secretary reported that the membership as of this date is 4,010. "It may be possible for us to reach 4,050 by the end of this year. Only 3,447 have paid A. M. A. dues for 1956. We have prepared and sent to all of the counties a list of the physicians in each of these counties who have not paid AMA dues. The field secretaries both have those lists and will contact the county society officers on their visits in an effort to bring our AMA membership up into closer relationship to our state membership by the October meeting."

The chairman urged the councilors to contact each of their county medical societies in an effort to get approximately 573 members who have not paid 1956 AMA dues to pay these dues, inasmuch as Indiana needs 553 additional AMA members to get another AMA delegate. This matter was discussed at the Executive Committee meeting on August 4, 1956.

LEGISLATIVE MATTERS

(1) Washington trip.

Dr. Kennedy reported on the trip to Washington on April 30 and May 1, 1956, saying, "It was an exceedingly satisfactory expedition. We got a chance to meet the individual representatives from this State and establish cordial relationships. We tried to emphasize that we were not a bunch of fanatics, insisting upon everything we wanted, right away, but we were reasonable citizens who felt we knew more about medical things than other people did, and we would like to be consulted. We made no formal command, we made no request for any action whatever. The whole purpose of the meeting was a get-together, getting-acquainted affair, and it was very much a success. . . . Politically also, I think it was a splendid thing. . . . From the standpoint of good relations with our congressional group, who do the voting on the things that concern us most, I think this was very salutary, very satisfying to them, and I think this should be kept up as a regular thing."

Dr. Wright, co-chairman of the Legislative Committee, spoke briefly on the Social Security bill and other legislative matters.

Dr. E. S. Jones spoke of the appointment of Dr. Leroy Burney as Surgeon General of the United States Public Health Service, another honor for the State of Indiana.

(2) Proposed bill to be presented at 1957 session of Legislature for transferring from township trustee to county welfare departments the responsibility for medical and hospital payments. This bill, which was drawn up by Mr. Stump at the request of the Indiana Hospital Association, was referred to the Council by the Executive Committee without recommendation. It was then referred to the Council Reference Committee on Legislation composed of Drs. Miller, chairman, Crowder and Dodds.

Dr. Miller: "In my part of the country hospitals are taking care of themselves pretty well. Locally, our director of the Department of Public Welfare is not particularly desirous of seeing this put across. Our trustee who handles most of the bills is not particularly averse to it. So I think it would be a good idea for us to refer this, without prejudice, to the House of Delegates for final action."

Mr. Stump explained that the Indiana Hospital Association desires to correct a situation which creates some confusion in providing hospital, and also medical and surgical care, for indigents. At present the county welfare departments and the township trustees both function in that field, leaving considerable doubt and uncertainty in many instances as to how the cost for such care is to be paid. The Hospital Association believes that this can be corrected and an economy achieved without impairing the service to the needy by eliminating the duplication that results from having the two agencies engaged in the same work. So the Hospital Association intends to have a bill introduced in the next Legislature to put all of the surgical, medical and hospital care under the county welfare departments and relieve the township trustees of that particular responsibility.

Mr. Stump: "We have received notice from some sections of the state that the facilities for handling these problems would be better through the county welfare department than they would be through the Township Trustee's office, and they don't know yet whether or not the Township Trustee's Association will oppose or might even support the bill. An effort has been made to enlist the support of the Township Trustee's Association. The Township Trustee's Association has not replied to the inquiry that has been made of them as to what their attitude will be, but I know the Hospital Association is seeking to enlist the support of the Township Trustees Association."

Dr. Gloek: "In my community we have had very fine relations with our township trustee, and we think that we have a very unique setup which the A. M. A. looked on with a good deal of favor several years ago. I brought this to the attention of our local group and they were very much dis-

mayed to see this type of thing come up. The reason in our community that they felt this would be a sore spot is that we do have recourse to see that we get township trustees elected who will cooperate with us from the beginning. We feel that we do not have the same measure of helping to select the people in the Department of Public Welfare—we have had very little success in getting things across through the Department of Public Welfare. We have cooperated with them all the way and I am sure we have had no criticism from the State Department of Public Welfare. The men in my community asked me to come down here and say, 'Please, for God's sake, let's not upset this thing and get it into a more bureaucratic form of endeavor where as physicians we will have even less to say about the plans for taking care of these individuals.' I think that if the Hospital Association wants to put a thing through like this, it would have been good judgment on their part to have come to the doctors, who I think are equally as interested in the field of medical care, and talk over the provisions of this before they get it up in the form of a demand."

Mr. Stump: "Let us say here that it is not the Hospital Association's intention to move into this in opposition to the Medical Association, but they did suggest that a bill be presented and that it be referred to the Medical Association for its views in the hope that the Medical Association would appoint a committee to study the proposed bill."

Following further discussion by the chairman and Drs. Dodds, Paris, Clarke and Kennedy, on motion of Drs. Miller and Clarke, the Council referred this proposed bill to the standing Committee on Legislation and Public Policy, that committee to report to the House of Delegates.

NEW BUSINESS

1. *Matters referred to Council by Executive Committee.* Dr. Denny, chairman, reported that the Executive Committee had been able to dispatch the many things that had come to the committee's attention during the past few months without referring them to the Council. He reported that the Executive Committee had decided to invite Dr. Burney to attend the state convention and to address the House of Delegates at its second meeting on Thursday morning, October 18.

MEDICAL CARE FOR MILITARY DEPENDENTS

THE CHAIRMAN: "In order to give the Defense Department a report in about thirty days, or about September 1, we have four points on which we must reach a decision here:

- (1) Will we approve participation in the program?
- (2) Who is to negotiate the contract with the Government and the Defense Department?

(3) Who is to be the fiscal agent in the state?

(4) How shall we arrive at a fee schedule?

"Within a week or so we will get the nomenclature under which the fee schedule will be set up. The fee schedule will be renegotiated each year."

Each councilor was supplied with a copy of Public Law 568, and Dr. Kennedy explained the law briefly. "It was begun to continue the age-long practice of supplying medical care to men in the Army and their dependents by military setups. This simply carries it on to take care of them outside, at their homes, or wherever they may be. It is not an insurance. It is a pure gift by the Government to the dependents of the personnel of the Armed forces, and the purpose of it is to increase the number of men who will make a career of Army service. It is estimated that there are about 800,000 dependent families who will be affected by this bill. Somebody will be affected in every county of every state in the Union. There will be perhaps 16,000 people in Indiana who are eligible.

"The contract is not yet ready. Authority should be vested in someone to sign that contract for this association. Nobody knows exactly what all of those regulations are going to provide. . . . On the fee scales, they insist that there be an adequate fee scale presented. . . . No doctor is obliged to work with this at all. . . . Apparently it is the President's intention to liberalize the law to see that these dependents get the same care that they would get in a military hospital. . . . Practically no limitation to the expenditures that can be made for it. . . . Very little provision for any medical care outside of the hospital. . . . It is the law. We may not like it, but as good citizens we have to obey the law and try to implement it. I think every other state in the Union is going into it. . . . All fees are based upon full coverage; one fee covers the entire care for that one thing."

Dr. Wilder: "It is a complete service plan. In Indiana particularly, and about fourteen other states where they don't have service plans, I think we might meet with considerable opposition. The service will be complete. There will be no chance for extra service charge. Oklahoma and some of the other states that have indemnity plans like we have were asking questions like we were. . . . I wonder when we are ever going to start as a medical profession opposing these things, before they become law?"

Discussed further by the chairman and Drs. Glock, Clarke, Bibler, Nafe, and Owsley.

Dr. Topping's motion "that the Indiana State Medical Association participate in the program" was seconded by Drs. Vye and Sicks.

Following further discussion by Drs. Bibler and Owsley as to whether or not the Council should pass judgment on this without referring it to the House of Delegates for an expression, Dr. Bibler offered the substitute motion "that this matter be

referred to an emergency meeting of the House of Delegates of the Indiana State Medical Association," which was seconded by Drs. Glock and Ross, with the suggestion that this be put in as an amendment to the motion made by Dr. Topping.

Dr. Bibler's motion "that Dr. Topping's motion be tabled" was seconded by Dr. Glock, and carried.

Dr. Bibler: "This is a serious matter to be discussed; oftentimes we are criticised for not letting our members know about what is going on."

Dr. Ross: "I don't feel it would do any harm to give the rank and file of the profession the advantage of coming to a meeting and having this law explained to them just as it has been explained to us here this morning."

Dr. Clarke: We should at least give them a chance to express themselves." Also discussed by Drs. Vye, Nafe, Eades, and Mr. Stump.

Dr. Bibler's motion to refer this entire matter to a special meeting of the House of Delegates was lost, there not being the required 20 votes.

Dr. Topping's motion "that my motion be taken off the table" was seconded by Dr. Miller, and carried.

On voting, Dr. Topping's motion that the Indiana State Medical Association participate in the program of medical care for military dependents was carried.

On motion of Dr. Topping, seconded by several, the Council authorized the Executive Committee to negotiate the contract with the Government and the Defense Department.

On motion of Drs. Hammond and Bibler, the Council designated Blue Shield (Mutual Medical Insurance, Inc.) as the fiscal agent for the Indiana State Medical Association.

THE CHAIRMAN: "The next item is the fee schedule; as I understand it the Government will accept county level fee schedules; they said they

would prefer to have it on a state level, because it would be easier, but they would not object to a county basis. We have had some little precedent in the past; the Veterans Care program was made on a statewide basis; on the other hand, in working out a schedule with the State Welfare Department, we insisted that it be not on a state level but that it be on a county level, and I think the last House of Delegates recommended that county societies establish some uniform fee schedule; they wouldn't have to be the same."

Dr. Vye recommended that the new fee schedule of the steel industry with Blue Shield be adopted.

Dr. Ross: "I move that the fee schedule that the Council suggests be that of the schedule as given in the Preferred Blue Shield Plan and that this be submitted to each county for approval or disapproval as the fee schedule for that particular county, with the understanding that the state officers must know before the deadline date, which would be probably the tenth of September."

THE CHAIRMAN: "There is one other point here; you suggest the Blue Shield Preferred Plan; there may be some items that wouldn't be comparable. They are going to give us a new nomenclature; there might be some variations."

Dr. Ross: "In that event, I want to make this part of this motion—that the Executive Committee of the State Medical Association be empowered to alter those fees that might need adjudication."

Dr. Ross' motion was seconded by Dr. Topping.

Dr. Bibler offered an amendment to Dr. Ross' motion "that instead of the Preferred Plan, we use the Lake County Blue Shield schedule." Amendment seconded by Dr. Hammond, and carried.

On voting, the amended motion was adopted.

No further business appearing, the Council adjourned, to meet again at 3:00 p. m., Monday, October 15, 1956, in the Indiana University Student Union Building, Indianapolis.

PHYSICIAN POPULATION INCREASES 3,800

Enough physicians to replace all the people in a town the size of Bisbee, Arizona, Powell, Wyoming, or Pineville, Kentucky, were added to the physician population in 1955 through the granting of licenses by examining boards. The figures were published by the American Medical Association's council on medical education and hospitals.

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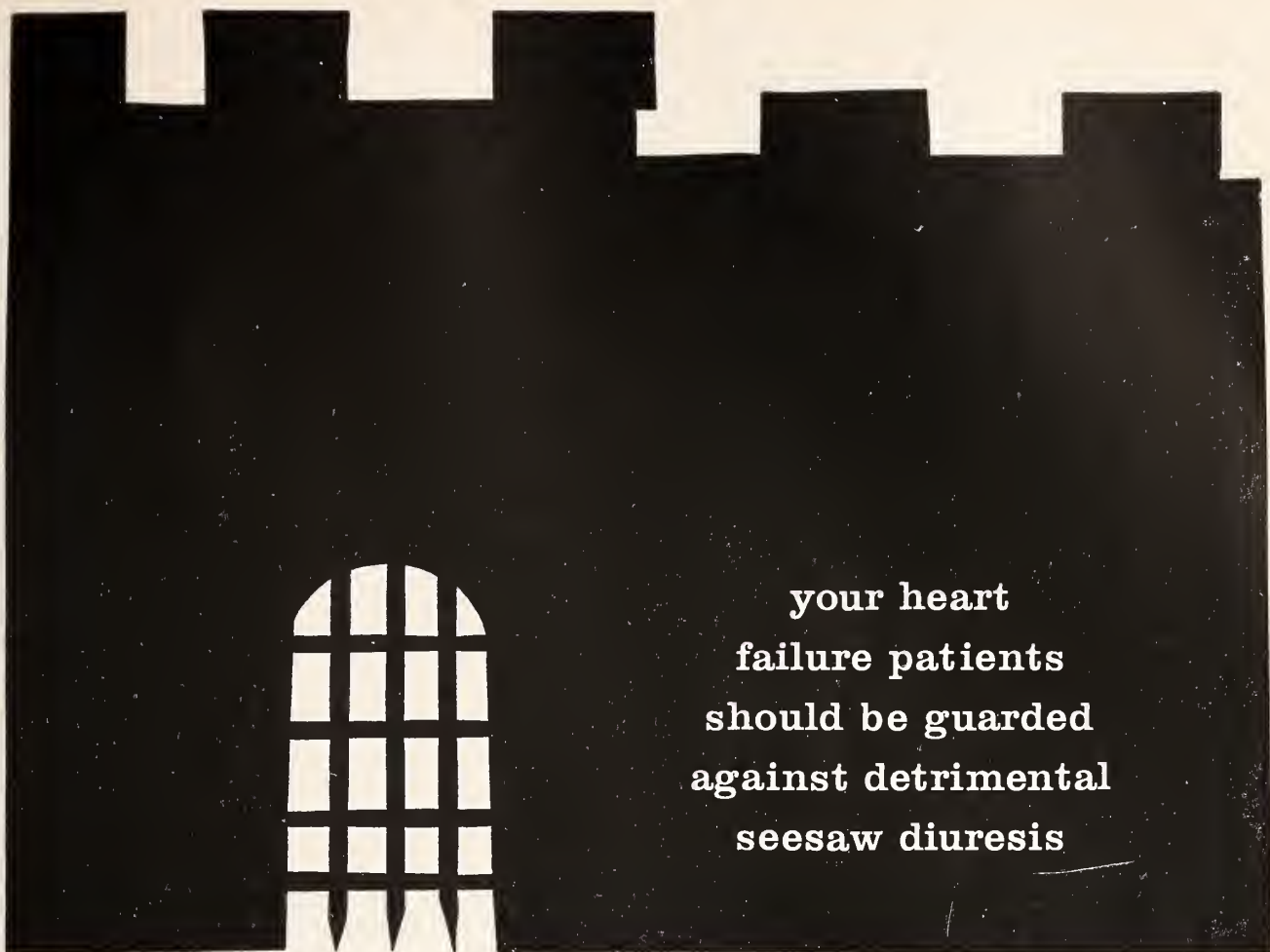
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Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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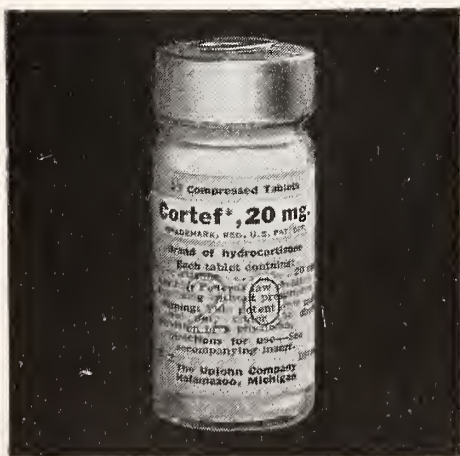
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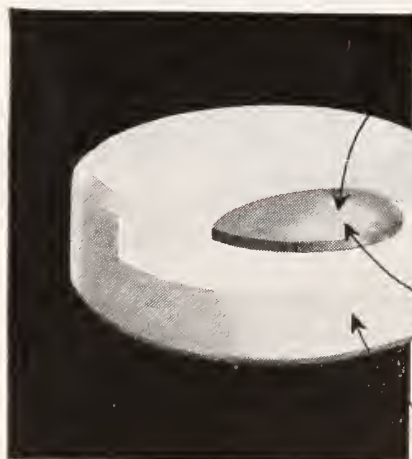
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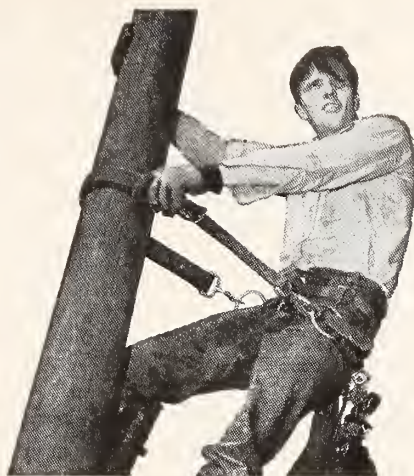
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Books: Received and Reviewed

PULMONARY CARCINOMA: Pathogenesis, Diagnosis and Treatment. Edited by Edgar Mayer, M.D. and Herbert C. Maier, M.D. 18 contributors. 540 pp., fully illustrated. Price \$15.00. Published by New York University Press; distributed by J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1956.

ELECTROCARDIOGRAPHY: Fundamental Clinical Application. Louis Wolff, M.D., consultant in cardiology and chief of electrocardiographic laboratory, Beth Israel Hospital; assistant clinical professor of medicine, Harvard Medical School. 342 pp., illustrated. W. B. Saunders Company, Philadelphia. 1956.

ANESTHESIA FOR OBSTETRICS. Robert A. Hingson, M.D., professor of anesthesia, Western Reserve University, Cleveland, and Louis M. Hellman, M.D., professor of obstetrics and gynecology, State University of New York, College of Medicine. 344 pp., illustrated. Price \$12.50. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1956.

TODAY'S INDUSTRIAL NURSE AND HER JOB. Erna Barschak, Ph.D., associate professor of psychology, Miami University, Oxford, Ohio. 113 pp. Price \$3.20. G. P. Putnam's Sons, 210 Madison Avenue, New York. 1956.

OF WATER, SALT, AND LIFE. An Atlas of Fluid and Electrolyte Balance in Health and Disease. 72 pp., 31 illustrations. Price \$7.50. Lakeside Laboratories, Inc., Milwaukee 1, Wis. 1956.

THE MENNINGER STORY. Walker Winslow. 350 pp. Price \$5.00. Doubleday and Company, Inc., 575 Madison Avenue, New York 22, N. Y. 1956.

MANAGEMENT OF STROKES. Keith W. Sheldon, M.D., neurologic surgeon. 133 pp. Price \$3.00. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1956.

AGEING IN TRANSIENT TISSUES. Colloquia on Ageing, Vol. II. Ciba Foundation symposium. 263 pp., 96 illustrations. Price \$6.75. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1956.

INTERNAL SECRETION OF THE PANCREAS. Ciba Foundation Colloquia on Endocrinology, Vol. IX (a symposium). 292 pp., 100 illustrations. Price \$7.00. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1956.

HISTAMINE. A Ciba Foundation Symposium in honor of Sir Henry Dale, M.D., 472 pp., illustrated. Price \$9.00. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1956.

EXPERIMENTAL TUBERCULOSIS, Bacillus and Host, with an Addendum on Experimental Leprosy. A Ciba Foundation symposium. 393 pp., illustrated. Price \$9.00. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1955.

FLUID BALANCE HANDBOOK FOR PRACTITIONERS. William D. Snively, Jr., M.D., medical director of Mead Johnson and Company, and Michael J. Sweeney, M.D., medical department, Mead Johnson and Company. 325 pp., illustrated. Price \$6.75. Charles C. Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill. 1956.

CARE OF THE LONG-TERM PATIENT (Chronic Illness in the U. S., Vol. II). Commission on Chronic Illness, June 1949-June 1956. 606 pp. Price \$8.50. Harvard University Press, 44 Francis Ave., Cambridge 38, Mass. 1956.

ORGANIZED HOME MEDICAL CARE IN NEW YORK CITY. A study of 19 programs by the Hospital Council of Greater New York. 537 pp. Price \$8.00. Harvard University Press, 44 Francis Ave., Cambridge 38, Mass. 1956.

DICTIONARY OF POISONS. Ibert and Eleanor Melan. 150 pp. Price \$4.75. Philosophical Library, Inc., 15 E. 40th St., New York 16, N. Y. 1956.

BELLEVUE IS MY HOME. Salvatore R. Cutolo, M.D., Deputy Medical Superintendent of Bellevue for 25 years. 317 pp. Price \$4.00. Doubleday and Company, Inc., 575 Madison Avenue, New York 22, N. Y., 1956.

SHOULD THE PATIENT KNOW THE TRUTH? Edited by Samuel Standard, M.D. and Helmuth Nathan, M.D. Springer Publishing Company, 44 E. 23rd St., New York 10, N. Y. 1956.

The question, "Should the patient know the truth?", is not only a matter of interest to the physician but is of extreme importance to the welfare of the patient. The 24 contributors to this small book are outstanding doctors, nurses, clergymen and lawyers. Since this question has philosophical, religious and practical medical aspects, the ideas expressed vary with the profession, the religious conviction and the experience of the writers. The majority opinion of the contributors is, however, that the patient should be told the truth if it is not detrimental to his welfare; in most cases it is not. It is pointed out that there are many reasons for telling the patient the truth, even if he has an incurable disease or is in imminent danger of death. For many patients, because of religious convictions, a spiritual preparation for death is of utmost importance; from a legal standpoint if the patient knows his condition he may make a more satisfactory disposition of his belongings. Most of the contributors recognize the fact that the patient usually knows more about his condition than the physician thinks he does. Frequently the physician's expression, his tone of voice and attitude convey as much as his words. Many of the contributors point out that the failure to inform the patient of the true nature of his condition causes him to lose confidence in his physician and consider himself to be hopeless and abandoned. In regard to always telling the patient the truth Dr. Owen Wangensteen says, "unconditionally yes." Dr. Henry Cave says, "each situation is an individual one and must be handled as such." All of the contributors recommend that a responsible member of the family should be informed of the true nature of the patient's condition.

Here is a question that cannot be answered categorically. And no one knows the particular patient's emotions and expected reactions as well as his personal physician.

If one were to extract an idea from an aggregate opinion of the contributors it is: tell the patient what is most conducive to his welfare, and that is, in most instances, the truth.

All of the contributions to this book are brief, authoritative and easily readable. The book may be read with profit by every physician.

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This summary of what is happening in Washington is prepared by A.M.A.'s capitol office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—In addition to helping states make monthly public assistance payments to certain indigent persons, the federal government for a number of years also has contributed to the cost of their medical care. Because the grants formula is somewhat complicated, and the amount of medical care varies with the states, this U. S. contribution cannot be fixed definitely. It is estimated at about 90 million dollars a year.

About a third of the states now deposit these federal grants—which must be matched 50-50—in a separate fund, from which the medical care costs are paid directly to the vendors, such as physicians, dentists, hospitals, nursing homes and druggists. The remaining two-thirds include medical care costs in monthly checks to the indigent, and expect these people to pay their own medical bills.

But beginning next July 1, this U. S.-state medical care arrangement is going to be drastically altered.

For one thing, the U. S. will increase its payments from the current \$90 million a year to between \$200 million and \$300 million. For another, *all* medical care money under the new program will be put into a separate fund, from which the indigents' medical bills will be paid, in one way or another, by the state itself.

It is true in some states the new program will not have much effect. This will be the case with those states that already have a substantial medical care program and see no reason for increasing it and with those unable to raise the matching money.

WHAT EFFECT WILL IT HAVE?

But the amount of money potentially available to each state is significant, and in most states the change-over from the old to the new system will

have an important effect on physicians and other vendors of medical care. For example, eight states will have "new" medical care funds in excess of 10 million dollars if they put up half the money. California's potential fund is \$27 million and New York's and Texas' more than \$18 million each.

Before state welfare directors can start operating under the new program they will have to decide (a) whether they will require doctors to agree to a fee schedule, if one is not already in operation in their indigent care program, and (b) how the doctors will be reimbursed (whether through their societies or other mechanisms, or directly by the government). Some state welfare officials already have approached state medical societies to talk over the situation.

(U. S. contributes to indigents in only four categories—the aged, dependent children, the blind and the disabled. For their medical care, it will offer states \$3 per month for each adult and \$1.50 for each child, money which the state must match. It is out of these funds that payments will be made for medical care.)


NOTES

Because most applicants did not supply enough information, the council in charge of **grants for medical research facilities** approved only a handful of projects at its first meeting. Although \$30 million was available, only \$764,159 was allocated. Money went to seven institutions. However, the expectation is that the fund will be just about exhausted at the December meeting of the council, as more than 250 hospitals, schools and laboratories have asked for money.

First head of the new National Library of Medicine is the man who steered the Armed Forces Medical Library through the last seven troubled years—Col. Frank B. Rogers. He is

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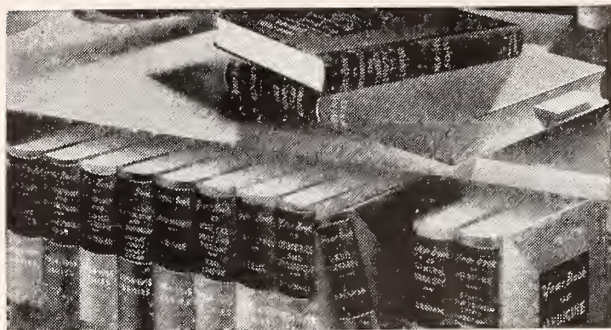
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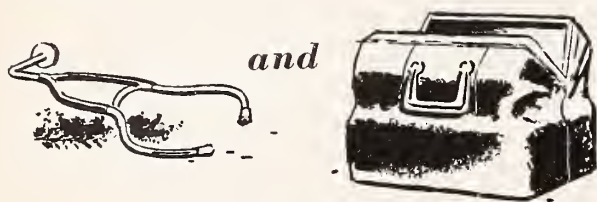


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THE MONTH IN WASHINGTON (Cont.)

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Hearings will be held probably in December by the House Interstate and Foreign Commerce Committee on **federal aid to medical education**. The expert panel system will be used, instead of lone witnesses. Currently the committee staff is analyzing information received in response to questionnaires sent out to about 60 organizations interested in medical education.

A six-man advisory committee, named by Secretary Folsom, is attempting to work up **suggestions that will help hospitals improve care and reduce costs**. Some possibilities: central cafeterias for ambulatory patients, light house-keeping work done by some patients themselves.

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1. Ralli, E. P., and Dumm, M. E.: The Hormonal Control of Metabolism, in Wohl, M. G.: Modern Nutrition in Health and Disease, Philadelphia, Lea and Febiger, 1955, pp. 57-74.
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Volume 49 — November 1956 — Number 11

The Eczemas*

LAWRENCE G. BEINHAUER, M.D.†

Pittsburgh, Pennsylvania

THE TITLE CHOSEN for this symposium "The Daily Dermatological Dilemmas" is very apropos especially for the eczemas. For the past 30 or more years, we have been faced with the problem as to what forms of dermatitis should be classified under the title of eczema. As early as 1923, Sutton stated "it is not possible at this time to formulate a satisfactory definition of this disorder or to state precisely what the term includes or does not include." While a few of us are willing to subscribe to Walker's radical opinion "that eczema is a term commonly applied to any wet or scaly inflammation of the skin, the cause or nature of which the observer is ignorant," the fact remains eczema is only a sort of dermatological scrap heap out of which, from time to time, certain diseases that present characteristic and definite symptomology are extracted. Scabies was the earliest, and infectious eczema-

toid dermatitis the latest. It is probable the list will be considerably augmented in the years to come. When asked to describe eczema, the eminent von Hebra is credited with replying "eczema is that which looks like eczema." Today reliable writers use the terms eczema and dermatitis interchangeably and a true classification is still lacking. Voluminous literature has been recorded in the past and present and the differences of opinion, old and new, still confuse us.

In recent years, Sulzberger, Urbach and Gottlieb, Epstein and Belsario, among the many writers, have emphasized the morphological concepts in the pathogenesis of eczema. Hill stated "what is called eczema in infants is just as in adults, a group of various dermatoses which some time closely resemble one another. Infants have atopic, contact, seborrheic and infectious eczematoid dermatitis, eczema-like fungus infections, nummular eczema and eczematoid eruptions which do not fit into any of these categories and are impossible to classify. Although it has been called by different names at different periods, atopic dermatitis is the same disease at all

* Presented at the 1955 convention of the Indiana State Medical Association and prepared for publication at a later date.

† From the Department of Dermatology-University of Pittsburgh Medical School.

ages and it seems best to call it by the same name at all ages because it is as much a definite constitutional disease as is diabetes or epilepsy and it may last from early infancy to middle age. Only in infancy has this disease been called "eczema" by the European school of dermatology because in infancy spongiosis, intra epithelial vesiculation and frequent oozing are not uncommon; later when morphology has been changed it has been called disseminated neurodermatitis or Besnier's prurigo." Atopic dermatitis is not primarily, even in infants, a disease of the epidermis, it is a disease of the upper corium with secondary epidermal involvement. If one wishes to follow European nomenclature, it seems reasonable to call the condition eczema when it looks like eczema and neurodermatitis when it looks like neurodermatitis. The term allergic eczema is not a good term for it does not separate this disorder from strictly epidermal forms of allergic eczema which bears but little relation to it. For all these reasons, I like the term atopic dermatitis because it indicates clearly a specific constitutional disease and not a dermatological morphology.

Sulzberger² stated "the term eczema is probably one of the most often used terms by physicians and laymen in referring to any nondescript superficial inflammatory itchy eruption. While the definition depends to a large extent not only on the concept of the individual dermatologists, eczema is usually defined upon a morphological rather than etiologic basis." Epstein stated "that suggestions range all the way from identifying eczema with a single well-defined clinical entity to complete abolition." He further stated "until one is able to give a complete specific etiologic basis for all the lesions commonly called eczema one will have to use this term only when used morphologically. There is no harm in saying eczema looks like eczema just as the diagnosis of asthma, urticaria and pruritus ani with full knowledge that these diagnoses are not etiologic entities." The European writers confine this term "eczema" solely to the inflammation of the skin produced with external irritants by contact.

Urbach and Gottlieb classify eczema (dermatitis) into eight principal groups: "(1) contact dermatitis (epidermatitis epidermitis), (2) allergic dermatitis from within (a, due to food, b, due to drugs), (3) neurodermatitis, (4) infantile

eczema, (5) seborrheic dermatitis, (6) infectious eczematoid dermatitis, (7) metabolic dermatitis, (8) dermatid." Cook (quoted by Epstein) stated "atopic (neurodermatitis) and contact type of dermatitis (epidermitis) are immunologically identical and the terms atopic and neurodermatitis should be abolished." Belsario in order to improve accuracy and uniformity of concept in eczema suggested the following classification: "(1) dermatitis—any inflammation of the skin, (2) eczema, a close-set eruption of erythema, pinhead-size papules, vesicles, wells and crusts or any combination of these, (3) eczematitis—(Greek—an outbreak of eczema), (4) eczematrophic—those forms of dermatitis that exhibit the eczema reaction, allergic dermatitis differs from traumatic dermatitis only in degree depending upon the quality and duration of noxa or stress concerned, (5) seborrhea—a flow of grease (average normal sebaceous secretion), (6) dyseborrhea—abnormal flow of grease or sebaceous gland material, (7) polyseborrhea—an increased flow of grease or sebum, (8) olego seborrhea—a decreased flow of seborrhea. Microscopic appearances indicate that eczema is not a disease *sui generis*. Underlying causes include (a) disturbance of metabolism, (b) dietary disturbances, (c) allergy, (d) psychosomatic influences, (e) hormonal influences, (f) vitamins, (g) functional factors, (h) pathologic factors, (i) focal sepsis, (j) local flora, (k) pathologic organisms."

In lieu of the present flux of opinions, based upon the literature available, it has not been the purpose of this paper to offer a specific or fixed classification of the eczemas but rather to present a working basis for this discussion. We realize a morphological basis for this was imperative because as yet we have no confirmed or accepted etiologic basis at our disposal for "the eczemas." We wish then to briefly discuss this group including infantile eczema, atopic dermatitis, neurodermatitis, allergic (contact) dermatitis, seborrheic dermatitis, nummular eczema, metabolic dermatitis, dermatids, infectious eczematoid dermatitis and drug eruptions (dermatitis medicamentosa). We recognize that simulating clinical manifestations occur in fungus, bacterial and animal parasitic infections and that an atopic background can be demonstrated in many instances of lichen chronicus simplex, especially when multiple lesions are present.

Eczema is a protean disease. It is capricious,

notably polymorphic in type and characterized by heat, redness, itching and burning sensations, accompanied by weeping and moisture and more or less infiltration of the skin. It is intermittent and paroxysmal in its course, usually worse at night. It may be acute, subacute or chronic, the latter being the rule but it is modified, from time to time by acute exacerbations or marked intensity of symptoms. As a rule it does not undergo spontaneous recovery but tends to remain indefinitely or extend by involving contiguous surfaces or appearing in new areas. It may attack any part of the body surface and its manifestations vary in different anatomical situations. The flexors of the hands, legs, arms, face and neck appear to be points of predilection. Clinically many types are recognized. Mixed types occur in the majority of cases or are seen in succession. Though several forms of eczema frequently co-exist, it is usual for one type to predominate throughout the course of certain periods of disease. The older and morphological classification of eczema according to the type included erythematous, papular, vesicular, orbicular, follicular, squamous, rubrum or madidans, pustular, fissured, sclerotic, verrucous, craquele, and nummular. Again, eczema has been classified under regional locations as, face, scalp, ears, neck, hands, feet, breasts, lips, genitalia, groins and perianal. In this limited discussion, the details of these will be omitted and the reader is referred to the standard texts on dermatology.

INFANTILE ECZEMA

Hill elegantly expressed "to talk about infantile eczema is easy and always pleasant; to cure the patient is quite another matter and I have seen nothing in the literature, including my own contributions, which leads me to believe that anyone really understands it or that there is any method of treatment, dietetic or otherwise, that is consistently and entirely satisfactory."

Infantile eczema is common. The most common types encountered are the vesicular and vesiculo-pustular-pustular and consecutive of these, eczema rubrum. The face and scalp are favorite sites. In many instances other parts of the body are involved; namely, the flexors of the arms, legs, wrists, neck and trunk. Crusting is often prominent. The surface beneath is red, moist, infiltrated and swollen. Various degrees of excoriation may be present. Matting of the

hair may occur with pediculosis as not an infrequent complication producing regional adenopathy. The erythematous and scaly types often occur. The course is chronic and for the most presents acute symptoms. It usually begins a few weeks after birth and may continue for 4-5 years and in instances into adult life. After some years, patches may appear characterized by scalliness and infiltration. Others, may later develop the eczema-asthma-hay fever syndrome. It affects both sexes. It is not hereditary but the tendency to the disorder may be transmitted from parent to child though occasionally manifested in adult life. Hill divided infantile eczema into: dermatitis seborrheic, true eczema and erythroderma exfoliative. In an excellent paper, Kesten review experiences in a study of 2,000 patients with allergic eczema encountered over a period of 25 years. About two-thirds of the group were less than 6 years of age, with the largest concentration between the ages of 9 and 24 months. Intensive inquiring revealed hereditary allergic, environmental, physical and mental factors influenced the diseases. The tendency to develop allergies would seem to be inherited in that a familial history of major allergies was obtained in 85 percent of the patients; asthma or allergic rhinitis in 40 percent; urticaria in 30 percent; dermatitis venenata in 12 percent and drug eruptions in 4 percent. Wool irritations were frequently noted. In about 20 percent corroborative evidences were obtained to food sensitivity. These included eggs, milk, wheat, orange, tomato, cod and potatoes (young children). Older children's and adult's sensitivity to the above foods were elicited in addition to nuts, fruit, chocolate, cereal, fish and certain vegetables. Positive skin testing was obtained in 31 percent of the patients. Positive reactions were obtained to inhalants, fowl and domestic animal covering, wool, dust, silk, ragweed, mixed grasses and pyrethrum. Hill⁷ stated skin testing in infants had limited value. The infant with eczema becomes a challenge and the treatment revolves about changing the medication and changing the environment in which he lives. This must be done gradually but quick relief from intolerable itching is paramount. Accordingly, both topical and internal medications are prescribed at the onset. In using topical therapy the importance of recognizing the tempo of the disease is emphasized: soothing the acute and stimulating the chronic stages. Tar is

one of the most effective yet least costly of local medicaments. Prolonged use will at times keep the disease under control. Recently, newer proprietary antipruritics have been added, although more costly, all equally as effective and more acceptable to the patient. Hydrocortone with or without an antibiotic has been found very effective. Antihistaminics are useful orally, unwanted but not alarming side effects are occasionally encountered. The sedative effects of the ethanalamine derivatives are advantageously used at bedtime. During severe exacerbations the use of steroid, cortisone and corticotropin gave gratifying temporary relief, but should be used with care and selection of the patient. The treatment of the allergic component lay in the detection and then the avoidance to the sensitizing allergens. When impractical, specific immunization may be attempted. In spite of all the known factors and medicaments at our disposal, the disease still defies our efforts to arrest it permanently and we still must content ourselves with control of the symptoms in order to offer relief to the patient.

ATOPIC DERMATITIS

This is a characteristic form of eczema differing from the purely local type in that there is an associated constitutional involvement, particularly of nervous symptoms and there is also a high degree of hypersensitivity to protein substances. Often there are associated allergic manifestations of hay fever, asthma, urticaria and rhinitis. It presents hereditary aspects in that various such manifestations may be found in the immediate family or near relatives. It has been described under many titles: as, generalized neurodermatitis, atopic eczema (dermatitis), exudative and diathetic eczema and prurigo diathésique (Besnier). It is characterized by a group of cutaneous symptoms, chief of which is lichenification, found mostly in the cubital and popliteal spaces, sides and back of the neck, eyelids and genitalia. During the exacerbations excoriations, weeping edema, crusting and other primary or secondary lesions may appear. Pruritus is the most annoying symptom, most severe at night. The disease may begin in infancy, pass through childhood and continue throughout adult life with periods of exacerbations and remissions. Brunsting described the association of a juvenile type of cataract as an essential part of this complex syndrome.

Treatment essentially follows that outlined for infantile eczema consisting of both local and internal medication. Removal of all sources of local irritation is necessary. A complete general medication is imperative and correction of any abnormality is essential. Change of environment may be necessary and removal of annoying neurogenic or psychiatric factors is important. A routine check for allergies should be made and avoidance of inhalant irritants as wool, dust feathers, animal danders, perfumes of parents, insecticides is advisable. Air-conditioned or dust-proof sleeping rooms may be necessary. Regular habits of eating and sleeping must be cultivated and control of activities and avoidance of overexertion from physical and mental standpoint may require investigation. Elimination diet has been proved helpful in many instances and may reveal foods not detected by cutaneous testing. The diet must meet the requirements of the patient, restricted when overweight and nutritious when underweight. Control of pruritis is most important. Hospitalization is often most desirable. To control pruritus, we have found intravenous procaine hydrochloride very satisfactory. Antihistaminics and chloral hydrate may be given orally. Recently, Thorazine (chlorpromazine) and Serpasil (resperine) have been added and offer much promise. Steroid therapy is indicated in severe exacerbations to control uncontrollable pruritus. The acute stages are treated with soothing applications and the chronic stages require stimulation. The use of crude coal tar and hydrocortone ointments are useful as in infantile eczema. Roentgen-ray therapy is contra-indicated in the acute stages and used with selection and sparingly in the chronic stage. The prognosis must be guarded and the patient should be acquainted with the course followed by this disease and the various factors responsible for the attacks in order to alert him against recurrences.

CONTACT-ALLERGIC DERMATITIS (ECZEMA)

Since this phase will be completely covered by another essayist on this symposium, we shall only briefly discuss it. Contact or allergic dermatitis (eczema) may be defined as an acute inflammation of the skin caused by the external application of various substances of animal, vegetable or chemical nature characterizing a redness, swelling, vesicles and bullae accompanied by sensa-

tions of itching and burning. It is a condition of altered susceptibility in which the following criteria are needed in correctly calling the condition allergic: 1) an initial exposure to a known allergen; 2) a subsequent exposure with a different response of the skin than the initial exposure (altered capacity of reaction); and 3) a proof then is needed that this altered capacity to react was due to the exposure to the specific allergen in question.

NUMMULAR ECZEMA

This designation refers to a form of eczema which deserves special mention because of its distinct appearance, course and unknown etiology with peculiar response to therapy. It is often referred to as "parasitic or orbicular eczema." In many cases, there is a history of preceding irritation caused by direct physical or chemical exposure or by irritation based on any allergic eczematous response. In other instances, no such history exists and the eruption appears spontaneously. In typical cases, the eruption continues and runs a course which is apparently independent of external irritants or allergens. In this respect, it is different from contact type dermatitis. In the typical uncomplicated nummular eczema, the search for causal external allergens by means of close history or patch testing is invariably doomed to failure. Nummular eczema presents many clinical features and nearly all histologic characteristics seen in eczematous dermatitis and is, in all, probably a distinct and separate clinical entity. Its incidence is high. It can appear at any age, affecting both sexes equally. The eruption consists of pinhead-size papules or papulo-vesicles which become grouped, then confluent, forming coin-like nummular patches. They may be single or multiple, few or many, varying in size, the average being that of a silver dollar. The vesicles are thin-walled and rupture easily so that it is often impossible to demonstrate them clinically. Oozing and crusting are the rule. There is a marked tendency to central healing and peripheral extension giving a ringed form which simulates "ring-worm"—hence the designation—"parasitic eczema." They can appear on any part of the body, but the favorite sites are the hands, extensor surfaces of the arms, legs and thighs. Recurrences are the rule, particularly in the centers during healing as well as in the old healed sites.

In this respect they simulate a fixed drug eruption and recurrent herpes simplex, thus leading to the theories of etiology whether it is a fixed bacteria, recurrent virus infection or a fixed "mycid." Although no causes are known, fixed trigger factors have been noted: (1) exposure to external irritants—soaps and water, (2) macerating factors and chemical irritant. It is therefore common in housewives, dish washers, surgeons and those in other occupations which favor production of monilial infections. It is common in the winter and clears in the summer, (3) foci of infection—some response with infected teeth, tonsils, sinus and prostate infections clear, (4) exposure to oils and greases.

Treatment is general and consists of elimination of the four factors previously discussed. Vitamin A and D, ultraviolet therapy to simulate the summer conditions when it clears have been suggested. Any supportive measure to improve the general health is indicated. Local therapy differs from that of most acute dermatitis in that even though the lesions are acute, stimulating applications give best response. Mild antiparasitic treatment, permanganate or silver nitrate 1/4% wet dressings are advised. Roentgen ray has very limited value and hence is not advocated. Many cases yield to local therapy and others resist any therapy and present a therapeutic problem. The prognosis is good and even in resistant cases eventually the disease "burns itself out." Environmental change with warmer climates in cold weather may be helpful.

DRUG ERUPTIONS

Drug eruptions we like to designate as dermatitis medicamentosa. Under this title the eruptions induced by medicaments will be considered. This includes those ingested, absorbed through the skin or mucosa and those given by hypodermic injection. The local action induced by drugs applied to the skin will be discussed in the paper devoted to contact or dermatitis venenata. The eruptions caused by the internal use of drugs are numerous and varied. They may be generalized or limited to certain areas but usually are symmetrical. Special areas as the face, neck, wrists and lower extremities are most commonly involved. The time at which the eruption appears after the ingestion of the drug has a wide range of variation. Erythematous eruptions appear soon, a few hours to a few days, whereas those

induced by the halogens may not develop until the drug is taken over a long period of time. In general, the eruptive manifestations are not particularly characteristic of any drug and a single drug may produce many types of lesions. On the other hand, a single eruption is produced by many different drugs. Arsenic may produce nearly any type of eruption and yet some of these are clinically characteristic as are some lesions produced by bromide, iodine and phenolphthalein. Aside from these, the particular drug can hardly be suspected from its cutaneous manifestations. As a rule the eruptions appear suddenly, usually are of a brilliant color and may be accompanied by itching and burning. These may be without constitutional symptoms or may present severe constitutional symptoms as in those by severe penicillin reactions. Upon removal of the drugs the symptoms usually abate. The important thing to remember in all cases is to recognize the eruption as being produced by some drug, the specific drug not being important. Close questioning may elicit the causative medication, in many instances.

In the majority of cases, removal of the drug can soon cause recovery. In the more severe cases, treatment is directed for relief of local or constitutional symptoms. Steroid therapy is useful. Antihistaminics may afford relief. In severe iodide or bromide reactions, intravenous injections of decinormal salt is indicated. When a drug susceptibility is once determined the patient should be made cognizant of the existing allergy and further use should be avoided.

NEURODERMATITIS

The generalized disseminated type of eruption designated as neurodermatitis has been discussed under atopic dermatitis, which term we prefer and do not believe it to be allergic *per se*. Localized types are recognized and deserve mention. Factitious dermatitis—feigned eruption or dermatitis comprises those injuries of the skin which are self-inflicted, usually with the object of exciting sympathy or escaping duty. The lesion appears suddenly, varies widely in character and distribution. Usually they are sharply defined, bizarre in type, readily accessible to the reach. Erythematous, vesicular, bullous and ulcerative lesions appear, depending on the mechanism of production. It is generally observed in malingerers or neurotic individuals, particularly emo-

tional or hysterical females. The character of the lesions and persistence of the eruption are valuable diagnostic aids. The patient must be watched carefully until positive evidence of guilt is secured, then the patient should be informed privately and firmly of the truth. In most instances, fixed dressings are required.

Neurotic excoriations represent a class of self-inflicted lesions of the skin in which deception is not the essential feature. Clinically, three types are recognized: (1) neurotic excoriations, (2) acne urticata, (3) excoriated acne of young girls. The majority of patients are female, more or less of the neurotic type, who produce lesions on any part of the body by picking, scratching or digging. The production of the lesions may be unintentional and may be limited to an unconscious habit such as scraping off a small lesion with a finger nail and repeating the procedure until an ulcer is formed. In the majority of cases, the patient has no reason other than a nervous habit for interfering with nature. The term acne urticata represents a condition in which urticarial wheals and papules develop in neurotic individuals with accompanying excoriations due to rubbing or scratching. Palliative measures and help from the neuropsychiatrist may be necessary.

The exact position of lichen chronicus simplex (localized neurodermatitis Vidal) is still a disputed question. Vidal placed it under the lichens. Stellwagen classified it with the eczemas and Brocq and Jacquet, like most modern observers, grouped it with the neurodermatoses. It is my experience, it represents a disorder of localized pruritus with subsequent lichenification. Itching without eruption is the primary symptom and the lichenification represents a probable reaction of the skin to a long continued trauma (scratching) with the ensuing inflammatory involvement of the affected area. Clinically, the eruption consists largely of sharply defined round, oval or elongated patches of subacute dermatitis, with a dry, scaly surface marked into squares or diamond-shaped areas by thin, crisscrossed wrinkles. It usually involves the limbs, trunks, eyelids, postauricular and axilla and genitalia.

Recently the tendency has been to include dysidrosis in the category of localized neurodermatitis. It is characterized by the appearance of a symmetrical eruption on the palms and lateral and dorsal surfaces of the fingers. The soles may be attacked. The onset is preceded by burn-

ing or itching, later by the appearance of vesicles described as the "tapioca type." On the palms the lesions may become bullous, coalescence is not infrequent. New crops of vesicles appear from time to time. Spontaneous rupture seldom occurs. The lesions regress with absorption and are followed by more or less resistant exfoliation. The symmetrical eruption, absence of fungi, food or contact allergy are usually sufficient to establish the diagnosis. For this group, therapy discussed under atopic dermatitis is applicable.

SEBORRHEIC DERMATITIS

Seborrheic dermatitis may be acute or chronic, usually beginning on the scalp, and is characterized by the occurrence of rounded, irregular circinate lesions covered by greasy, yellowish scales. The commonest form is familiar as "dandruff" of the scalp (*pityriasis capitis*). In this location the lesions may be dry with considerable greyish, branny scales or they may be exudative and crusted, designated by the older writers as "*eczema capitis*." From the scalp the disease may spread to the forehead, post-auricular regions, chest, back (interscapular), alae of the nose and eyebrows. The groins, axillae, inframammary and umbilical areas frequently are involved with most reaction. Subjective symptoms vary in type and severity but are usually mild. In scalp, hair loss is frequent in the dry type, while excessive oiliness is present in the oilier forms (*pityriasis steatoides*). Occasionally the lips are involved.

The differential diagnosis is not too difficult from psoriasis, eczema, *pityriasis rosea* and *tinea* infection. In mild cases, the prognosis is good, but in more severe cases, recurrences are the rule. Sulfur, resorcin and tar are the best local remedies. General health measures should receive attention. Dietary restrictions of fatty matter is most helpful. Vitamin therapy offers some relief. Ultra-violet and roentgen therapy have temporary benefits and the latter should not be used as a routine procedure.

INFECTIOUS ECZEMATOID DERMATITIS

Acute infectious eczematoid dermatitis, also known as pustular eczema or impetiginous eczema, is characterized by the appearance of erythematous vesicular, pustular or scaly circumscribed patches which primarily develop as the result of trauma or infection. The exposed parts

are most frequently affected. A history of trauma or infection associated with suppurative conditions characterize the disease. The lesion may be a vesicle usually asymmetrical which spreads by peripheral extension. The periphery is usually sharply underlined, split or detached. A ridge-like crust at the periphery is common. New lesions occur as the result of auto-inoculation. Central involution rarely occurs. Scarring rarely occurs. Topical wet dressing, antibiotic therapy orally and locally usually control the disease.

METABOLIC DERMATITIS

It is important to recognize the possible connection between general disorders and pruritus, for two reasons: (1) itching may be the earliest symptom and the physician's search for underlying causes may lead to an early discovery of diabetes, cancer, blood dyscrasia and the like; (2) the relationship to therapy. In pruritus due to a systemic disease, no causal treatment of itching is possible unless the underlying abnormality can be identified and treated. One is familiar with the cutaneous manifestations of the lymphoblastoma, especially the stages of skin manifestations in *mycosis fungoides*. The relationship of thyroid disease to cretinism and cutaneous myxedema is well known. Recently enlightening studies have been carried out establishing a relationship between systemic disease and cutaneous manifestations. To mention a few, one is referred to the study by Brunsting on *Porphyria Cutanea Tarda*; by Butterworth on *Dermatological Aspects of Cretinism* and by Hicks and Mullin on pruritus associated with *Xanthomatosis Biliary Cirrhosis*. In the latter instance, a misdiagnosis of neurodermatitis is frequently made. In obscure and refractory dermatological problems, the dermatologist may enlighten his knowledge and relieve his patient by conducting a complete medical survey, thereby avoiding the misdiagnosis of the "popular neurodermatitis" which may result in the changing of the physician and the loss of the patient.

DERMATID

Many clinicians have postulated that vesicular eruptions of the hands can occur as secondary allergic manifestations when fungi or their products enter the blood stream from sites of primary fungus infections on the feet, groins and other areas. Audrey called our attention to the leuke-

mids in the leukemias; Darier first described the "id" in tuberculosis and J. Jadassohn originally described trichophytids as secondary allergic skin lesions in patients with inflammatory fungus infection of the scalp and other areas. In the 1920's the work of Br. Bloch, J. Jadassohn and his school, W. Jadassohn, S. Peck and Sulzberger demonstrated the pathogenesis of these eruptions and showed they could be produced deliberately and experimentally. These secondary allergic lesions are called "Trichophytid, Epidermophytid or Dermatophytid" or "ids" for short because their pathogenesis is similar to that of tuberculid.

The incidence of "id" reaction of the hands due to fungus is low when compared with the incidence of eczematous eruptions of the hands due to many other causes such as primary irri-

itants, contact allergens, local pyogenic infection, non-fungus foci, sweat disturbances, food, drugs and others. Sulzberger concluded it is essential that the minimal criteria be fulfilled before the diagnosis of "id" is made. First, demonstrable forms of primary fungus infection of the feet or elsewhere, (2) onset of the eruption of the hands should follow activation of irritation of primary forms; (3) the eruption on hands should be symmetrical and located especially on the thenar and hypothenar eminences, palms and sides of the fingers; (4) the hand eruption should subside after a reasonable period of time, after focal infection has been cleared or controlled; (5) the 48-72 hours tuberculin-type reaction with intracutaneous injection of trichophytin should be positive.

110 MILLION COVERED BY HEALTH INSURANCE

The number of people in Indiana who are covered by voluntary health insurance reached a new high by September 30, the Health Insurance Council has reported. As of this date the Council estimates that 3,400,000 persons were protected by some form of insurance designed to help pay hospital and doctor bills.

This figure, the Council said, is part of the continued growth of health insurance throughout the country, which was revealed last August in its tenth annual survey of the extent of voluntary health insurance coverage for 1955. The number of people covered by some form of health insurance in the nation today stands at the 110 million mark.

Marfan's Syndrome (Arachnodactyly) In Half Brothers: A Case Report

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W. E. PARMLEY, Jr., M.D.

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MARFAN'S SYNDROME or arachnodactyly is a familial disease. The tall, thin individual with the long, tapering fingers, chest deformity, hypotonic musculature and lax ligaments sometimes associated with congenitally subluxated lenses and dancing irides, presents the classic picture in the disease. In addition to these changes, further examination and laboratory studies bring out the pulmonary as well as the cardiovascular abnormalities.

Until the present time, only 45 autopsied cases have been reported.¹ The present case is that of a 36 year old white male who had two normal sisters. After the death of his father, his mother remarried and with her second husband gave birth to a son who also fits the Marfan's syndrome. (Fig. 1)

CASE REPORT

The patient was perfectly well until 1951, when he first began to note some dyspnea, at first not too severe. In February of 1954, he first noted palpitations intermittently. This progressed until early March when he noted increasing dyspnea, at first on moderate effort, then even on talking. He had to use two pillows to sleep, and for the ten days prior to his admission to the hospital on March 21, 1953, he had had difficulty sleeping. His past history was not unusual. He had had hernia repairs in 1939 and 1941. He had spent five years in the Army, during which time no mention had ever been made of any heart disease. There were no stigmata of rheumatic fever in his childhood.

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** From the South Bend Medical Foundation, Inc.



Figure 1.

Physical examination revealed a tall, thin individual with unusually long hands and a pigeon chest deformity, more prominent on the right side. He was 6' 1" tall and weighed 175 pounds; pulse 112 per minute and regular, blood pressure 108/42 mm. Hg. The interesting findings pointed to the heart where several examiners' opinions differed. The intern heard no murmurs but noted a gallop rhythm. Subsequent examinations on different days revealed first only a marked harsh systolic murmur at the apex. Two weeks later,

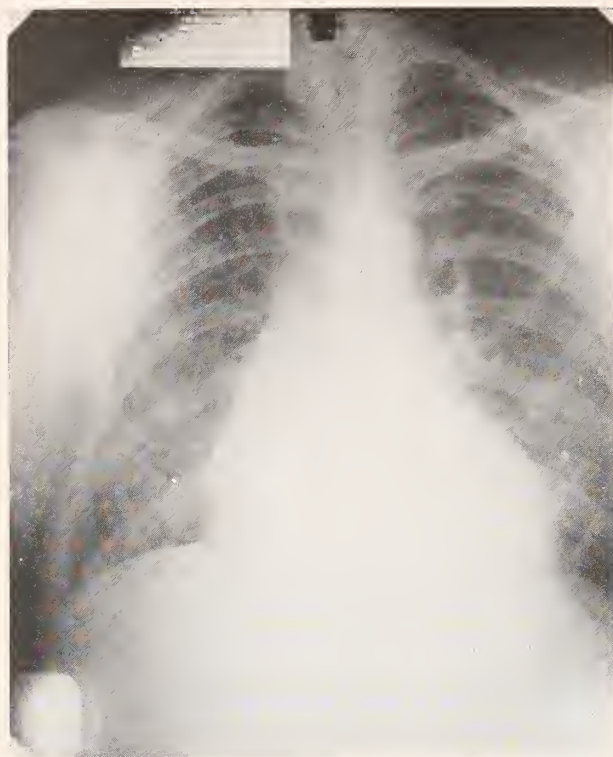


Figure 2.

the pulse was 80 per minute, and an aortic thrill was felt with a systolic aortic murmur as well as the harsh systolic apical murmur. At another time, it was felt, that the right-sided murmur was diastolic. Because of the changing murmurs, it was felt that the patient was going through an episode of rheumatic carditis.

Blood cultures drawn at the time produced no growths. Urinalysis, sedimentation rate, cardiopipin flocculation, complete blood count and differential were normal.

X-ray (Fig. 2) revealed a marked widening to the right and left and was interpreted as resembling a tricuspid stenosis. Pericardial fluid was thought to be present. Pulmonary congestion in the bases was also noted.

Electrocardiographs taken on three occasions showed progressive left ventricular hypertrophy and strain with more depressions of ST junctions and T-wave inversions, and then prolongation of P. R. interval to first degree block.

During his hospital stay, he suffered bouts of arrhythmias, quite short in duration. At first, he seemed to become progressively worse, but after about four weeks in the hospital he gradually improved.

His therapy was symptomatic. After two months of hospitalization, he was sent home as

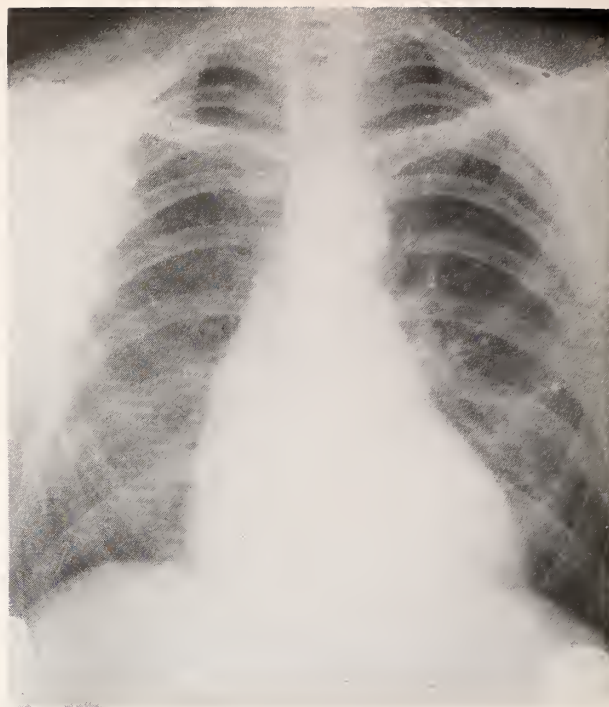


Figure 3.

a rheumatic carditis patient, using digitoxin and 25 mgm. of cortisone daily. On discharge, he was out of failure, his lungs were clear, his murmurs less evident, and he had been sleeping well. His temperature, pulse, respirations were normal, and his blood pressure 110/65 mm. Hg. He was under observation by his physician and was doing well. His lungs had cleared on x-ray (Fig. 3), but he developed a mild anemia which was treated with a hematinic. He was advised to return to very light work.

He returned to work, but after several weeks, his dyspnea, palpitations and orthopnea soon returned. As time went on, his symptoms progressed so that he had to leave his job. His distress at home increased, and he was finally admitted again September 20, 1953, when we saw him for the first time, eight months after the onset of his first complaints.

The external findings included the previous features mentioned. The patient sat up in bed in his oxygen tent, very apprehensive, with dyspnea, orthopnea and tachypnea. Blood pressure was 110/32, pulse 68, with pulsus quadrigeminus. The heart findings, which again varied daily, at first showed systolic and diastolic murmurs at the aortic and mitral areas. These would vary daily in intensity, and one day it was felt that a loud systolic murmur at the lower sternal border indicated a tricuspid insufficiency.

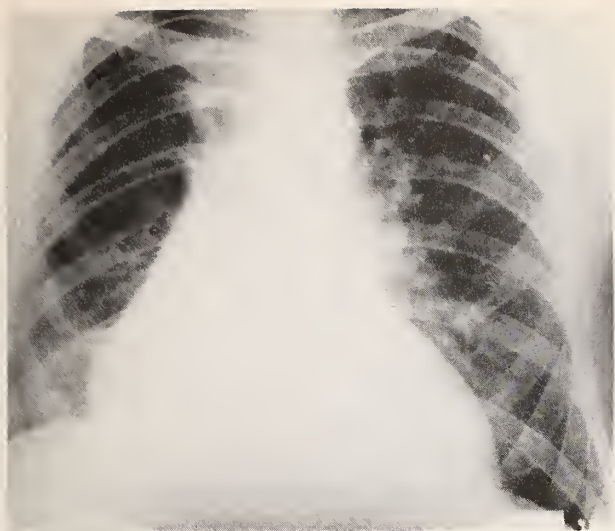


Figure 4.

Chest x-ray (Fig. 4) showed more widening of the heart shadow than on the original film, which was thought to be in part due to pericardial fluid. Electrocardiograph showed the left ventricular hypertrophy with pulsus quadrigeminus and digitalis effect. His digitalis was discontinued, but he became progressively dyspneic, orthopneic and apprehensive, and despite oxygen and the usual heart failure therapy, he became progressively worse and died on his fifth hospital day.

Opinions varied as to the etiologic and anatomic diagnosis. It was felt that the two hospital admissions probably represented bouts of rheumatic carditis, but because of the arachnodactyly and particularly the bulging right chest wall, it was felt that an underlying interatrial septal defect was present, to which was added the mitral and aortic rheumatic valvulitis, giving a modified Lutembacher syndrome.

We tried to explain the electrocardiograph findings of left ventricular hypertrophy on the aortic insufficiency. On his films, the aorta was never overly prominent.

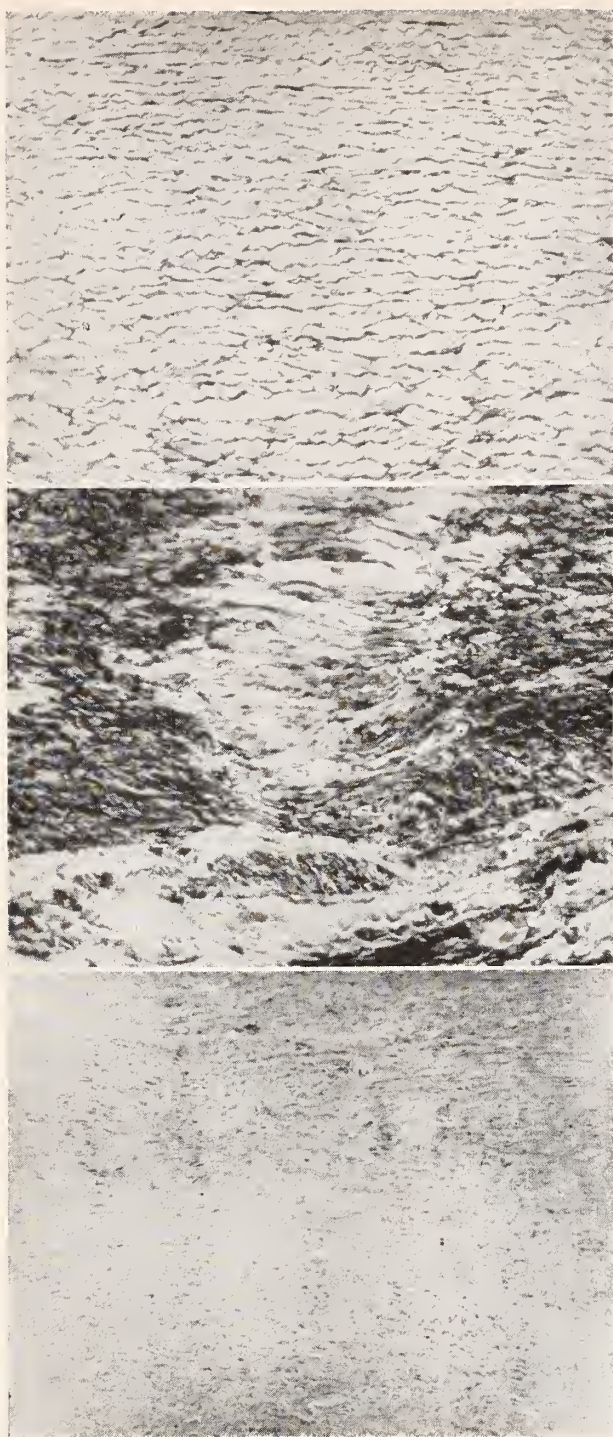
AUTOPSY

The autopsy was begun approximately 1½ hours following death. The body for examination presented the external features as noted. An ectomorphic habitus, accentuated by long, tapering fingers and toes, and including a pigeon chest deformity, high transverse metatarsal arches and poorly developed subcutaneous fat, all contributed to the rather arresting appearance of the body.

The heart, 750 grams by weight, was conspicuously enlarged. All chambers were dilated and both ventricles hypertrophied, the right ventricle slightly, and the left ventricular musculature markedly so. A small antemortem thrombus was adherent to the endocardial surface of the left ventricular apex. Valvular areas were normal except for the aortic valve. The aortic ring was dilated, measuring twelve (12) cm. in circumference (normal 7.5 cm.). Aortic valve leaflets were normal except for slight rolling and thickening of their free edges. The sinuses of Valsalva were dilated, a feature of Marfan's syndrome emphasized in a recent report.² The coronary ostia were displaced upward. Coronary vessels showed only a moderate degree of arteriosclerosis. The thoracic aorta presented the most striking gross picture. A saccular aneurysm measuring 13 cm. in greatest circumference distorted the ascending arch of the aorta. This sacculization began about 2 cm. above the dilated aortic ring and ended abruptly at the proximal portion of the aortic arch proper. Its wall was intact, the intima marred only by a few small atheromatous plaques.

Microscopic examinations confirmed additional gross impressions of multiple pulmonary infarcts and a severe degree of chronic passive congestion of the liver and spleen. By comparative microscopic studies (Figs. 5, 6, 7), the wall of the aortic aneurysm revealed widespread disruption of elastic tissue in the media with cyst formation and the presence of an homogeneous basophilic ground substance present in the cysts and about the disrupted elastic fibers. The histopathology of this lesion is consistent with the diagnostic features of "Medionecrosis Aortae Idiopathica Cystica," first described by Erdheim.^{3, 4} He and subsequent workers recognized that this destructive lesion could produce aneurysmal dilatation of the involved aortic wall with aortic insufficiency or that it would cause rupture or dissection of the vessel wall. Vessels other than the aorta may be involved in this peculiar type of elastic tissue necrosis.^{5, 6} In the case being reported, only that segment of aorta showing dilatation appeared to be involved.

The patient's half brother (Fig. 1) is 23 years old. He too fits the picture of a Marfan's, with long, slim features and a funnel chest deformity. He had been told at one time that his pressure



Figures 5, 6 and 7.

was high, but we found it a normal 134/80 mm. Hg. He complains of occasional heart or chest pains which are nonspecific. His cardiac examination reveals a perfectly normal heart so far as rate, rhythm, tones and absence of murmurs are concerned. His chest film (Fig. 8) reveals a long, vertical heart and on the oblique views shows no chamber nor aortic variations from normal. His electrocardiograph is in keeping with his very vertical heart.

Although the association of Marfan's syn-

Fig. 5. View of media of normal aortic wall. Elastic tissue stain accentuates the continuity of elastic fibrils represented in black. Bridges of elastic fibrils connect adjacent lamellae. Between lamellae are smooth muscle bundles and a "cement" substance of an homogeneous basophilic character not ordinarily seen in the normal aorta.

Fig. 6. View of media of aorta from reported case showing marked disruption of elastic fibrils with fragmentation. Fragmented elastic fibrils, together with scar tissue and disorganized smooth muscle bundles, compose a structural defect of lowered resistance in the aortic wall involved. Compare with Fig. 5, elastic tissue stain.

Fig. 7. View of media of aorta from reported case showing cystic areas of degeneration. These cystic areas also represent areas of disrupted elastic lamellae and are completely or partially filled with an homogeneous basophilic ground substance not visible in this photograph. Hematoxylin-eosin stain.

drome with congenital heart disease has been recognized since 1926,⁷ it was not until 1943 that Baer, Taussig and Oppenheimer⁸ reported two cases of cystic medionecrosis of the aorta associated with Marfan's syndrome. To date, this defect, medionecrosis, has been reported in most adult cases of arachnodactylia, showing changes of the great vessels, and is believed by most students to have essentially the same histopathological features as Erdheim's medionecrosis.⁹

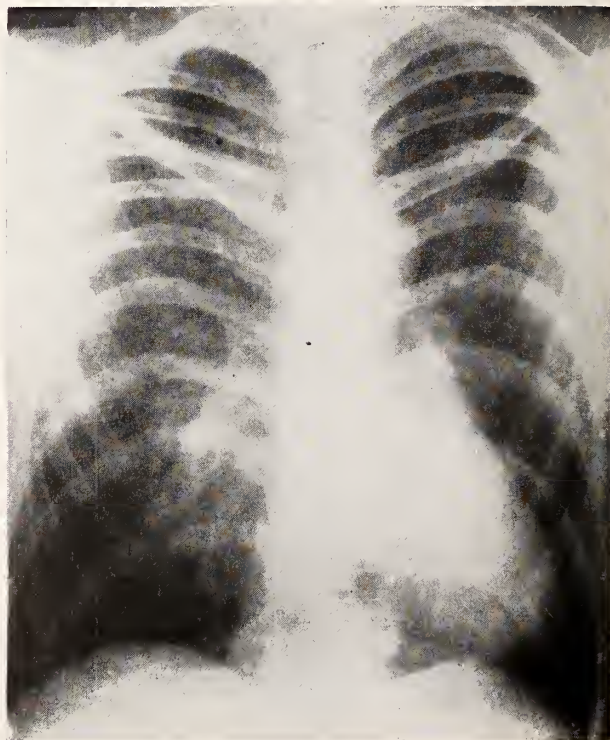


Figure 8.

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THE AMERICAN WAY

More than 100 years ago, a prominent French author Alexis De Tocqueville, after visiting the United States, wrote:

"The Americans of all ages, all conditions and all dispositions constantly form associations. They have not only commercial and manufacturing companies in which all take part but associations of a thousand other kinds: Religious, moral, serious, futile, restricted, enormous, or diminutive. The Americans make associations to give entertainments, to found establishments for education, to send missionaries to the antipodes. . . . Wherever at the head of some new undertaking you see the government in France or a man of rank in England, in the United States you will be sure to find an association."

When De Tocqueville made this observation there were only a few hundred associations in America. Today there are more than five thousand.

Intracranial Epidermoid: Case Report and Review of Literature*

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INTRACRANIAL EPIDERMOID is a rare cystic tumor accounting for less than one per cent of all intracranial neoplasms.¹ It was first described by Pinson,² an artist in the School of Medicine of Paris in 1807. He prepared a wax model of such a tumor located in the fourth ventricle. Cruveilhier³ in 1829 described the tumor in detail and because of its highly refractile and nodular external surface, called it "tumeur perlée." In 1838 Müller⁴ called the tumor "cholesteatoma" because of its content of cholesterol crystals. This term actually is improper because the cholesterol crystal is neither an essential nor an invariable constituent of the tumor. Remak⁵ in 1854 proposed the theory that this tumor arises from epithelial cellular rests. Kraus,⁶ along this same line of thought, states that the presence of kerato-hyaline bodies in intracranial epidermoids is evidence that they are derived from displaced particles of epidermis. This is probably the most widely-accepted theory today. Perls⁷ in 1877 suggested metaplasia of endothelial cells as a possible origin of the tumor. This theory was later refuted by Critchley and Ferguson in 1928.⁸ Bailey⁹ in 1920 described the first two cases of successful surgical removal of intradural epidermoids. Mahoney¹⁰ in 1936 reviewed 142 epidermoid tumors which he had collected from the literature. King¹¹ in 1939 described eight patients, three of whom had extradural epidermoids, one of whom had an intraspinal epidermoid, and the remainder had intradural lesions. All but one recovered following operation. This was the highest percentage of

successful operations reported up to that time. Rand and Reeves¹² computed in 1943 that fewer than 200 epidermoids of the central nervous system had been reported, and at the same time added 19 cases of their own. They also gave an excellent review of the subject.

Intracranial epidermoids usually become manifest prior to middle life.¹³ The average patient is in the second or third decade of life.¹⁴ The youngest patient, reported by Grand and Austin,¹⁵ was 11 years old and the oldest, reported by Kaelber,¹⁶ was 68 years old. In an attempt to explain the high incidence in early adult life Ackerman¹⁷ pointed out that apparently the lesion expands at about the same rate as its surrounding encasement until after puberty. After puberty, either the tumor continues to increase in size while the other tissues cease to grow, or the contents of the sac accumulate more rapidly and give rise to symptoms. The tumor affects males more frequently than females.¹⁸

Intracranial epidermoids can be generally divided into extradural diploic and intradural forms. The intradural type is four to five times more common than the extradural diploic type. In Mahoney's series¹⁰ 53 of 112 intradural tumors were located at the cerebellopontine angle, 44 in the parapituitary region and 15 around the fourth ventricle. The tumor is usually solid and spherical and its capsule is white and glistening. The cut surface of the tumor appears to be creamy and concentric laminae are often seen. The contents usually feel waxy or soapy. It is characteristically avascular.¹⁹ Microscopically the essential component of the tumor is a thin layer of stratified squamous epithelium, the

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interior of the tumor being composed of the accumulated keratohyalin products of desquamated epithelial layers.

Clinically the tumor is benign and slow-growing, and is characterized by insidious development and long duration of symptoms. Leidler, Smith and Woolsey²⁰ in 1951 reported one case of intracranial epidermoid illustrating extensive anatomic and physiologic adjustments due to the slow growth and expansion of the lesion. Among 15 cases reported by Love and Kernohan,²¹ the average duration of symptoms was 16 years. The symptoms and signs are variable depending on the location of the tumor. Generally, headache and alterations of mental status are prominent symptoms. The complications commonly encountered are ruptures (both spontaneous and traumatic) and infections. Intradural epidermoids are rarely diagnosed preoperatively. The extradural tumors often give a typical roentgenological picture which was first pointed out by Cushing in 1922.²² Their sharp, punched-out character with frequently associated white borders is almost pathognomonic. The radical treatment of the intracranial epidermoids, of course, is surgical removal which can be accomplished more easily if the tumor is extradural. Grant and Austin¹⁵ in 1950 reported an over-all mortality of 22.7 per cent for intracranial epidermoids following complete surgical removal.

CASE REPORT

In early 1953 a case of intradural epidermoid was encountered at Indianapolis General Hospital which we feel re-emphasizes the need to consider epidermoids in the differential diagnosis of intracranial lesions.

History: A 57-year-old white female was admitted on February 15, 1953 because of severe fatigue, mental confusion and inability to walk for the past two or three days. Her illness began about two years before admission with a gradual loss of mental acuity over a period of many months and increasing gait difficulties. She was unable to work, although she could still be up and about. For some time prior to admission she had used a walker. Three days before admission she became completely unable to walk. Past history and family history were noncontributory.

Physical Examination: B.P. 110/70. Temp. 100° (Oral). Pulse and heart rate 78 per minute.

Respirations 20 per minute. On admission, she appeared chronically ill and mentally confused. She talked constantly with marked slurring of speech. The pupils were equal and round, but did not react to light or accommodation. The corneal reflexes were present. The discs were flat with sharp edges. There were no facial, jaw, tongue or palatal paralyses. The chest and lungs were essentially normal. Sensory examination was difficult to evaluate, but it was felt that sensation was probably intact. There was spasticity of all extremities, but she could move all four extremities. The Babinski and Chaddock signs were positive on the left side. Mental examination revealed marked confusion and loss of recent memory.

Laboratory data: On admission, her routine peripheral blood examinations, blood glucose, bromide, and blood urea nitrogen were found to be within normal range. Kahn and V.D.R.L. tests were negative. Spinal fluid examination on 2/17/53 revealed WBC 0, RBC 6, sugar 57.0 mg. per cent, chlorides 130 mEq./L., Pandy negative, protein 25 mg. per cent, colloidal gold curve normal and Kolmer negative. The initial pressure of the spinal fluid was 190 mm. of water. The Queckenstedt test was negative.

Clinical Course: Her course in the hospital was progressively downhill despite supportive and symptomatic treatment. At times she was disoriented and moribund, but at other times she responded and was more alert. The neurological findings did not change significantly from the time of her admission until her demise. On 4/11/53 she was very unresponsive and it became evident that she had a hypostatic pneumonia. Five days later her temperature rose to 106°F, and she expired on 4/17/53, 61 days after admission.

Postmortem Examination: At autopsy, aside from evidence of diffuse bronchopneumonia the significant lesions were confined to the brain, which weighed 1,210 Gms. There was moderate uniform and symmetrical dilation of the lateral ventricles. The third ventricle was posteriorly deformed by a tumor mass on the right side. The tumor began anteriorly at approximately the level of the infundibulum in the medial portion of the thalamus in the right hemisphere (Figure 1). It extended posteriorly by excavating over the roof and the right wall of the third ventricle to cross the midline and become bilateral, making

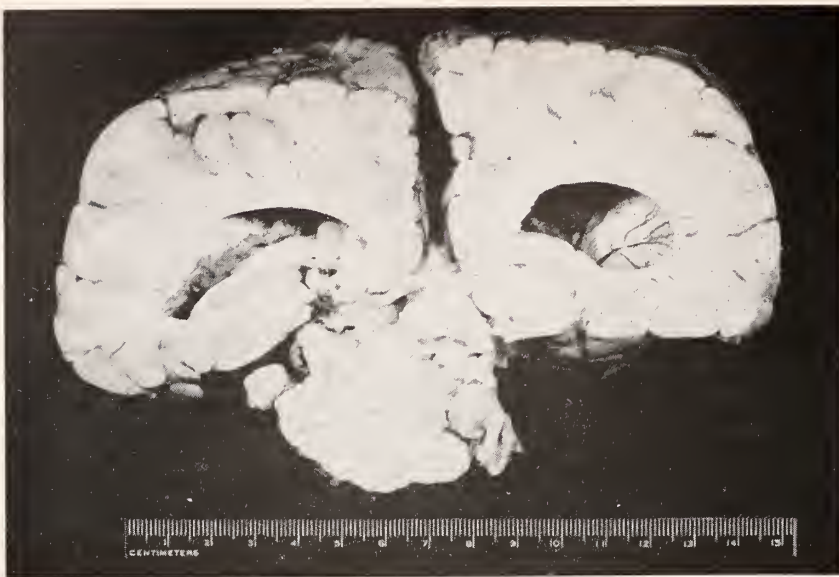


Figure 1. Coronal section taken through the mid-brain showing the mass of white tumor tissue impinging on the third ventricle and compressing the brain stem. Note the large amount of space occupied by this lesion in a highly functional area of the brain.

its greatest bulk lie just superior to the midbrain and brain stem. The mass undermined the floor of both lateral ventricles, distorting the third ventricle and compressing the cerebral aqueduct, yet remaining subependymal in all locations. Immediately before the fourth ventricle was reached, the growth expanded through the cerebellar cortex (Figure 2), becoming actually subarachnoid and creating a rather symmetrical elliptical space in the superior portion of the cerebellum measuring 3.0 x 2.5 cm. in greatest area. On the right side, immediately posterior to the right cerebral peduncle, the growth again became subarachnoid, escaping in the angle between the pons and cerebral peduncle to lie laterally along the right anterior portion of the pons in a mass measuring 1.5 x 2.0 x 0.3 cm. The entire length of the growth from its anterior origin in the thalamus to its posterior extent, just anterior to the fourth ventricle was about 5.0 cm., and the greatest width of the growth on section was 6.0 cm. It was not connected with any part of the choroid plexus and was distinct from the pineal gland which was pushed laterally and compressed. The material forming the tumor mass was extremely friable, partly opaque and partly translucent, slightly papillary and finely divided, partially white and partially gray in color. Some of the particles of the tumor mass floated in water and had a silvery sheen suggesting cholesterol content. It grossly resembled a combination of chopped rice and soap flakes in a conglomerate mass.

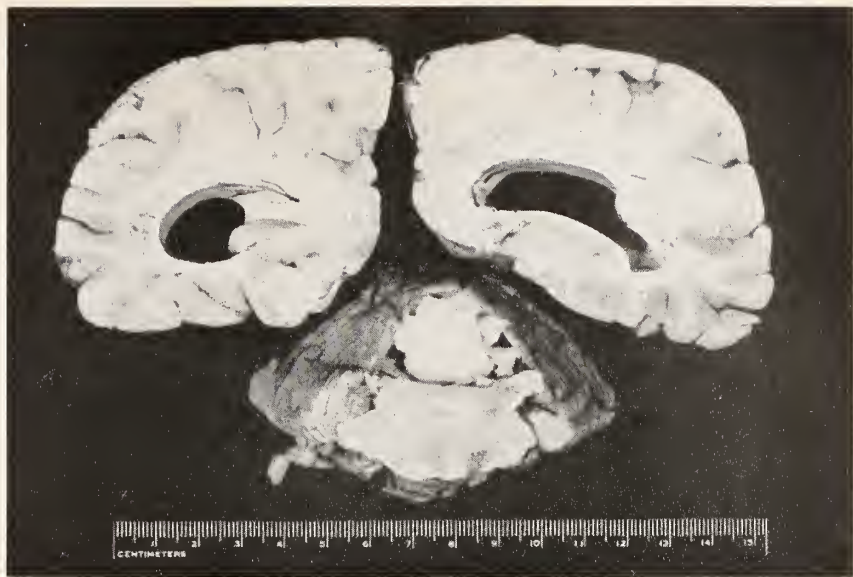
Histopathology: Microscopic sections (H. & E. stain) of the brain through the tumor mass revealed a cyst lining which consisted of a layer

of squamous epithelium three to four cells in thickness (Figure 3). On the surface of this squamous epithelium were numerous pink flakes of keratinized epithelial cells without nuclei. The brain tissue adjacent to the epithelium of the cyst showed some rarefaction and an increase in the number of oligodendroglia. At the edge of the cyst an occasional foreign-body giant cell was seen (Figure 3), probably representing a reaction to the keratin material.

DISCUSSION

The case presented was a diagnostic problem until the time of postmortem examination. The history of insidious onset and gradual loss of mental acuity followed by increasing gait difficulties over a period of many months points to a very slowly-growing lesion. Among the various categories of intracranial lesions, at least four types of common lesions could possibly have fit the picture. They are benign tumors, degenerative lesions, diffuse vascular lesions and traumatic lesions such as a chronic progressive subdural hematoma. The differentiation between these four types of lesions would have to depend upon the availability of a detailed history, pertinent physical findings and various essential laboratory studies. Unfortunately, neither the history nor the physical findings were of much diagnostic aid in this case. Certain other procedures such as cerebral angiography, to rule out vascular lesions and a pneumoencephalogram or ventriculogram earlier in the course of the illness might have made possible definitive surgical treatment. However, by

Figure 2. Coronal section looking posteriorly, showing mass of tumor tissue above compressed cerebral aqueduct, lying in the subarachnoid space at the anterior pole of the cerebellum.



the time of hospitalization the lesion in this case was too far advanced for surgical extirpation.

One interesting aspect of this case is that it re-emphasizes that a relatively large intracranial space-occupying lesion can exist without any accompanying signs of increased intracranial pressure and with comparatively few severe clinical manifestations. As pointed out by Leidler and his associates,²⁰ this was probably due to the very slow expansion of the growth, allowing a gradual anatomic and physiologic adjustment to take place in the brain. The onset of symptoms in this case at 55 years of age is considerably later in life than is usually seen in intracranial epidermoids. It is reasonable to assume that the tumor must have been growing at a very slow rate for a long time without causing any symptoms. The precipitating factors causing the onset of symptoms remain undetermined.

Intracranial epidermoids undoubtedly occur more frequently than is generally believed. From the case presented and the literature reviewed, it is re-emphasized that epidermoid must be considered in the differential diagnosis of obscure intracranial lesions. The percentage of cures accomplished¹¹ indicates that early diagnosis followed by early treatment presents a good chance for recovery. It has been emphasized that no parts of the capsule may be left if a surgical cure is to be effected. Because of its loose connection to the surrounding tissue, this is generally relatively easy when no nerve roots are involved.

In addition to histologic sections, such a tumor should also be studied as a smear preparation to detect the typical cholesterol crystals and desquamated cells. If ventriculogram is carried out in

the study of an intracranial lesion, any brain tissue which might be removed, no matter how minute the quantity, might well suggest the diagnosis of epidermoid if such a smear preparation is used. This is also suggested as a procedure for use in the frozen section room for suspicious intracranial lesions. This should particularly be kept in mind for use when tissue submitted by the neurosurgeon is too friable to be used for a stained preparation. Needless to say, a section for study of the capsule is most important.

SUMMARY

The historical aspects and literature concerning intracranial epidermoids are reviewed briefly. A representative case of such a lesion is presented in some detail, along with a discussion of the particularly interesting facets of this case. The importance of considering epidermoid in the



Figure 3. Photomicrograph showing the cyst lining made up of a thin layer of stratified squamous epithelium. The upper half of this field is occupied by keratin. A foreign-body giant cell is present, also. (X 76).

differential diagnosis of intracranial lesions is reiterated.

Acknowledgement: The authors are indebted to Drs. C. K. Hepburn and Ralph Weller for permission to report this case.

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DOCTORS' DOLLARS DO DOUBLE DUTY

AS THE END OF THE YEAR approaches a review of the Indiana activities in the Medical Education Foundation Fund indicates the necessity for some more activity. Financial activity is what is needed.

The fund was organized in 1952 to aid the medical schools of the nation. The schools for some time prior to that time, since that time, and for some considerable but unpredictable period of time in the future, were, are and will be suffering from financial anemia.

Medical schools are in financial straits because of greatly increased costs, combined in most instances with decreased income. All schools are affected, some more than others. The endowed institutions are probably in the worst predicament, since their costs have risen steadily with inflation, while the income from their investments has decreased.

In a few situations the problem has been so acute as to prompt suggestions for decreasing the

size of classes, cutting departmental budgets and even the closing of schools has been mentioned. Federal aid to medical education has been suggested as a remedy. Everyone who is familiar with the problem agrees that the money must be raised somehow to prevent a deterioration in the standards for medical education.

The success of the fund is important, since if it can successfully tide the schools over the financial crisis, federal subsidy, with its inevitable federal control will be avoided. President Eisenhower has on several occasions endorsed the fund, the principles on which it was founded, and the objectives which it seeks.

In the past the Medical Education Fund has been benefited by the contributions of many individual physicians and medical organizations. It has also received generous donations from laymen in the business and industrial world, and from philanthropic foundations.

While non-medical citizens feel an obligation

to aid medical education, and even though individuals in business realize that everyone will benefit from continued medical training conducted on a high plane, it is reasonable to assume that they will be only as interested in the problem as are the doctors.

For this reason the money which physicians contribute not only helps swell the fund, but also does a great deal to attract contributions from everyone else as well. The dollars the doctors give do double duty.

A good example of this is the grant to the fund made by the Ford Foundation recently. This was made on a matching basis. The Ford contribution will vary with the size of the physicians' portion of the fund from year to year.

Indiana made a good start back in 1952 and for several years thereafter. In fact, at one time we were leading the nation in this important

undertaking. This year subscriptions have been slow. There is still time in 1956 to bring our share up to the customary level.

The medical schools still need outside support, medical education is still extremely important, prices are still high, endowments and other sources of income are still low. The crisis is not over, and active fund-raising will be necessary for quite some time.

Now is that time for every doctor to put a little on the line by way of repaying some of the cost of his own education, and thereby aid in the education of the doctors to come.

Contributions of any size may be sent to the Indiana State Medical Association. All gifts are federal income tax deductible. Any and all gifts will be of immeasurable value to medical education, and will attract additional donations from outside the profession.

THE JUNIOR INTERN

"... and to teach them this art, if they should wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art. . . ."

This portion of the Hippocratic Oath should express the philosophy of every practitioner of medicine and surgery.

Preservation of modern medicine is dependent on many things such as adequate scientific training, intellectual freedom, and a clear comprehension of the art of medicine. It is not difficult to obtain good scientific training in today's schools, but it is difficult to learn the art.

The art of medicine stems from experience, of which we never get enough. If the opportunities for more experience could be made available during the undergraduate period, then many of these deficiencies could be eliminated.

Physicians young in practice often have little or no conception of (1) office procedures, (2) medical economics, (3) patient and professional relations, and (4) common or minor illnesses. Medical school faculties have studied these deficiencies and have suggested numerous solutions. Many of these solutions become success-

ful only when the practicing physician recognizes his responsibility and participates in the training program with the school.

Actually these various deficiencies may be problems for organized medicine rather than the school. If they are, then organized medicine needs to start early training with the undergraduate and offer a definite plan or curriculum.

Recently the Committee on Medical Education and Licensure conducted a survey of Indiana hospital staffs and county societies relative to training junior and senior medical students during their off-quarter. The results were heartening. When organized groups of doctors express a willingness to contribute their own money and time to help solve a deficiency in medical education, then pride and respect in your profession goes up and up.

A community hospital offers the greatest opportunity for this type of training. Here one finds a humanness among the staff, the employees, and the community in general that makes an excellent background for training. Here, also, are found the diseases, health conditions, social and family problems from which the student will some day make his living. Here is the ideal area

where the better features of the preceptorship, the family care program, and the externship may be combined.

In addition to discussion of the history and physical with the attending physician, the student may have the opportunity of follow-up in the home, thereby observing the sociologic and economic environment. A visit to physicians' offices presents varied techniques of office procedures, physician-patient relationships, and medical economics.

All county welfare departments have prob-

lem families which could fulfill all the requirements of the family care program.

Attendance at staff and county society meetings with explanation of their problems will stimulate insight.

Various other agencies in every community willing to contribute their bit of education are insurance, accountancy, finance, and others.

Inclusive medical education may become a reality when teachers and practitioners seriously explore the possibilities of practical training for undergraduates in community hospitals.

Harry E. Klepinger, M.D., Lafayette

Guest Editorial

LOWER DEATH RATES MEAN MORE MEDICAL CARE

SINCE THE TURN of the century there has been an overall decline of 92 per cent in death rates from all communicable diseases! As a practical matter, communicable diseases have been virtually eliminated as a cause of death. These statistics come from a recent issue of *Progress in Health Services*, the newsy little bulletin put out by the Health Information Foundation.

All men must die. When we reduce deaths from infectious diseases and other acute ailments, we necessarily increase deaths from cancer and heart disease. There is no escape from this grim calculus. Our aim as doctors is only to postpone death. We cannot eliminate it. We all lose the war to the Reaper, but at least we want to let him know he has been in a fight.

What do you suppose were the three major causes of death in 1900? Don't look now, but write down your list first, then compare with the footnote.¹ The prime causes today are—

in order: heart disease, cancer, and cerebral vascular lesions.

By rescuing youth from the lethal lesions of infancy and childhood, we have saved him for the assaults of cancer, and cardiovascular disease. Thus, there is greater need now than ever before for medical care. The baby who died of "summer complaint" in 1901 needed a doctor to stand helplessly at the bedside for a few days. The one who survived the summer of 1901 now needs medical-nursing-rehabilitative attention for his post-apoplectic palsy, his cardiac-crippled daily life, or his post-colostomy care. Also, we need vast amounts of health care for non-fatal chronic diseases like multiple sclerosis and certain arthritides.

Some day the Fire Department may put itself out of business by developing 100 per cent fire-proofing. Some day, we hope, the Government may put armies and navies out of business by devising 100 per cent warproofing technics. But since we physicians are at war with an ultimately invincible enemy, we will always be needed. Let us continue to be worthy of that indispensability!

—*The Journal of The Medical Society of New Jersey*

1. In 1900 the main causes of death, in order were: (1) Pneumonia (2) Tuberculosis and (3) Diarrhea and other acute gastro-intestinal disorders.

PRESIDENT—1956-57

Indiana State Medical Association



ELTON R. CLARKE, M.D.

Kokomo

Elton R. Clarke, M.D.
President
Indiana State Medical Association
1956-57

DOCTOR ELTON R. CLARKE of Kokomo succeeded to the office of President of the Indiana State Medical Association at the close of the Annual Convention on October 18.

In a short speech of acceptance delivered following the annual association banquet Dr. Clarke outlined some of the tasks which face the medical profession and announced that the watchword of his administration would be "personal responsibility."

Dr. Clarke, a native Hoosier, was born in Indianapolis, December 29, 1893. His parents, the Rev. George H. Clarke, a Christian minister, and Cora B. Jones Clarke, died this year at the ages of 94 and 86.

He attended High School at Rensselaer, Indiana and graduated from Butler College in 1915 with an A.B. degree. He received the M.D. degree from Rush Medical College in 1923. He served two internships, one at Los Angeles County Hospital and one at Hollywood Children's Hospital. After practicing in Burbank, California for three years, he established a general practice in Kokomo in 1926, and has been almost continuously active in the affairs of his county society and state association ever since.

He married Ruth C. Holman, a teacher of Kokomo. Dr. and Mrs. Clarke are the parents of a daughter, Dorothy Mae Nichols, and are extremely proud of their one grandchild.

Dr. Clarke was secretary of the Howard County Medical Society in 1928 and 1929 and again in 1944 and 1945. He is past president of his county society, and was a delegate to the State Association from 1943 to 1948.

He was Councilor for the 11th District, beginning in 1948, served as Chairman of the Council in 1953 and 1954, and resigned as Councilor to accept the office of President-elect last year. He has been an active member of the Indiana Academy of General Practice, and has been a delegate to its national meeting.

He has been a member of the Indiana Inter-Professional Health Council for several years. He has been a member of the Committee on Secretaries' Conference, the Committee on Necrology and History, and the Committee on Crippled Children Services. In addition he has served as chairman of the Auditing Committee and the Anti-National Health Insurance Committee.

Dr. Clarke has always been busy in the community services of Kokomo, and holds memberships and responsible positions in numerous service and fraternal organizations. He was recently made a life member of his American Legion Post. He is Chairman of Trustees of the Main Street Christian Church.

Dr. Clarke's hobbies are stamp collecting and bridge, his favorite sports are golf and bowling. All of these interesting pursuits have suffered somewhat during the past few years because of his other interests. They are, without a doubt, due for another year of inactivity while he serves as our hard-working President.

The President's Page

PR—A NEW CONCEPT

PUBLIC RELATIONS have been discussed so much of late in all lines of work as well as in the medical profession that we have shortened it to the initials PR. May I point out that these initials also stand for **Personal Responsibility**, and it is this interpretation that I wish to stress as the motto or watch-word of this administration.

Disregarding for the present our individual sins of commission or omission, may I call attention to the Biblical "Golden Rule," which has never been repealed, and which is a rough and ready test to apply in any questionable or doubtful situation. This thought, indeed, may have prompted the recent shortening and clarification of the official A.M.A. Code of Ethics.

One most important and valuable revelation of the poll conducted recently by the American Medical Association was that people still liked and trusted their own physicians even while in some cases distrusting the medical profession as a whole or as an organization. This should give us as individual physicians food for thought, as it gives us a chance to make certain corrections, if such are needed, while there is still time.

This matter of Personal Responsibility can be taken to include responsibility to our patients, to the community with its varied organizations and projects, and to our own medical organization. As individuals we can do much by precept and example, but working for the same aims and ideals in our organization we can do more.

As President of this great Indiana State Medical Association this year, I am charged with a measure of responsibility for the forging and carrying out of certain policies, but I am going to need the help and co-operation of all of you. This Association is set up on very democratic lines, and there is room in it for anyone who can and will help.

Some of the same old problems will be confronting us and clamoring for solution, as well as new ones created by legislative action of the 84th Congress. Two of these which come to mind immediately are P.L. 569 and P.L. 880. The first of these deals with medical care to the dependents of servicemen, and the other with the new problems created by changes in the Social Security Law in lowering the age for claiming total disability payments to age 50. The legal provisions are only partially worked out for implementation of these two laws, and the implications involved are far-reaching.

In conclusion, please remember the best Public Relations are based on Service to our Patients, and this should be a matter of Personal Responsibility.

Elton R. Clance, M.D.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

In 1922 the House of Delegates of the American Medical Association authorized publication of a health magazine for the public. The first issue of *Hygeia* appeared April, 1923.

In 1931, the AMA adopted the following resolution:

RESOLVED, that the House of Delegates urge the Woman's Auxiliary to the American Medical Association . . . to recognize as one of its chief activities the promotion of the distribution of this publication. . . .

In 1950, the title of this magazine was changed to *Today's Health*.

According to the editor, Dr. W. W. Bauer: "The purpose of this magazine has always been to provide authentic health information to the public. Since health should be a cheerful rather than a doleful subject, *Today's Health* is a light-hearted magazine."

Indiana has had a large share in the success of this promotional program. Last year our State Auxiliary won first prize for our outstanding work under the chairmanship of Mrs. Otis Bowen of Bremen. Evansville in Vanderburgh county won first prize for outstanding work of a county Auxiliary with more than 100 members. Each group received a \$40 cash award, which money has been used for gift subscriptions for state hospitals and state institutions. Many courteous and appreciative messages have been received from recipients of these gifts.

This year the state *Today's Health* chairman for the Woman's Auxiliary is Mrs. Jack Shields of Brownstown. She is being assisted by four area chairmen—Mrs. Otis Bowen, Bremen; Mrs. Frank Hall, Indianapolis; Mrs. Myers Deems, Evansville; and Mrs. Fred Houston, Lawrenceburg.

Their goal: Every member a subscriber! Make Indiana 100%!

The committee set up a booth at the State Medical Convention and worked hard trying to get new subscribers for the three R's—Reception-Room-Reader-ship.

This is the time to push "Operation Christmas" for gift subscriptions to friends, schools, state institutions and public libraries. This is an excellent way to cement better public relations, and, at the same time, help the AMA in their fight to keep health of the American people out of the hands of inept politicians and untrained civilians.

We hope all the doctors will help us use this strong public relations tool to educate the people in Indiana.

Julia Tindall
MRS. WILLIAM R. TINDALL, President



Chairman, *Today's Health*
Mrs. Jack E. Shields
Brownstown



Mrs. Otis R. Bowen
Bremen
Northeast Area



Mrs. Frank Hall
Indianapolis
Northwest Area



Mrs. Myers B. Deems
Evansville
Southwest Area



Mrs. Fred D. Houston
Lawrenceburg
Southeast Area

The President's Address: A Look at Our Association*

WALTER U. KENNEDY, M.D.

New Castle

IT HAS BEEN THE CUSTOM of my distinguished predecessors to discuss some of the philosophy of medicine.

As somewhat of a nonconformist, it has seemed to me that a review of what has been done by our State Medical Association, and what is to be done, might prove more interesting and more profitable, since action and attempts are more realistic than endless expression of theory and ideals. We understand deeds. While words may stimulate, they have little substance and are so easily forgotten. The examples of accomplishment have an inherent stimulation of desire to emulate and improve, and only by a publicized record of constant progress and of finished tasks may there be understanding of the affairs of our Association, its difficulties and solutions, its constant efforts to widen, to deepen and to advance the ancient underlying principles of our profession. The Association, a voluntary organization of men of like purposes and similar ideals, truly represents the practical means of implementing our common desires and aspirations, and in that community of purpose and efforts we make a reality of philosophy of medicine. The Bible says, "by their works shall ye know men," so with pride in participation and pleasure in recognition of the loyal support of many unselfish men, imbued with the philosophy of medicine, but eager to exemplify their beliefs by practical conjunction of efforts, I shall, in imitation of the procedures of the president of a great commercial organization at the annual stockholders meeting, relate to you the principal events of the year.

They have been reported to you piecemeal, but here I intend giving you a resume of its affairs to demonstrate its devotion to your interests

that you may take just pride in its activities, and more strongly solicit your continued loyal allegiance to it and to the principles it upholds. At the end of the report, I shall, if any of you remain, add some personal predictions of the future and some purely personal advice to the profession at large.

ACCOMPLISHMENTS

Harmony, the unity which President Portteus so strongly called for last year, is practically unanimous throughout the state. We have heard of no bickerings or dissensions. The County Societies, entirely autonomous, and arbiters of their own methods, have been practically as one in supporting the central planning. The Council and the Executive Committee have carried out in every particular the directions of the House of Delegates and in the interims have conscientiously considered every proposal coming to them. Of their own motion and in strict accordance with the traditions of the profession and its customs, standards and ideals, and its obligations to the public, they have among other matters, instituted participation in Science Fairs, that the interest of young people be increased in scientific careers, to meet the pressing urgent need of more scientists in this electronic and atomic age, whereby the imperative requirements of our government and its industries may be met, that the peace and prosperity of our country shall be protected.

We have not been selfish in this. We desire more students in medicine, but our efforts have been as earnestly directed to a more adequate supply to every division of scientific work.

We have for the public good, taken over control of professional efforts in evaluating, proving and applying the newer proposals of specific treatments of endemic and epidemic diseases, encouraging efforts of lay groups in raising funds for intensive special research, but insisting that

* Presented at the 107th Annual Convention of the Indiana State Medical Association, Murat Temple, Indianapolis, on October 17, 1956.

their activities be limited by their scientific knowledge.

In this connection, I recommend that this Association set up a permanent committee to whom all special activities on a statewide basis should be referred for opinion and advice to the local societies. This committee should be composed of outstanding men in various specialties and in the public health services.

The Council approved a new Veterans Home Medical Care contract, widening and liberalizing its provisions.

And it will soon be called on to approve a better medical care program for the beneficiaries of the welfare system, which heretofore has contained so many inconsistencies and inequalities.

The institution of a Students Loan Fund, available to any Indiana student of medicine in any school is a philanthropic effort to help needy, but desirable students to enter our profession.

We have instituted, as other states, an intensive campaign to further lower the incidence of maternal mortality, already at an unprecedented *low rate*.

We have improved our relations with the patriotic societies and have sought to guide them by sympathetic, but just approval of their programs.

We believe in fair and equal treatment of all veterans, disabled and non-disabled, according to their service-connected needs.

The attitude toward non-service connection is a simple one. To serve in the army of the United States is a privilege and a bounden duty when need calls.

For the disabled, as a result of duty, everything that can be done is a basic obligation. In conditions having no connection with service such situations should be met in so far as the conditions demand just as we care for other distressed persons. In the words of the Commission, "We should keep the whole range of our national needs in perspective. What best serves the nation in the long run will be in the best interest of the veterans."

With organized labor we are in harmony, attempting to advise them in fair and just proposals. We are concerned with excessive demands of labor leaders for more medical care at the expense of industry, and because of the demands of a few over-vocal leaders for govern-

mental controlled medicine. Excessive and over-costly demands as fringe benefits must, in the end, be paid for by all through higher costs, which also must be paid by labor. We have been making strong efforts through our Blue Shield to provide realistic indemnities to cover medical costs.

We intend maintaining various contracts, permitting subscribers to have a wide choice of benefits always covering the important conditions with opportunity to purchase the so-called frills, pleasant, desirable, but not unequivocally necessary.

Our Blue Shield has had an amazing growth. Covering one and one-third million people of Indiana, paying out a million dollars monthly for physicians' services, it has well served the reason for its organization—that of providing the best medical care at a cost level only possible to a non-profit institution. It was and is our greatest and final method of resisting socialized medicine by meeting the needs of all our population without the deterioration always following national provision of medical care. Our only present exceptions are the indigents, which now and probably always will be with us and are the proper recipients of the bounty of a humane society.

We are, in conjunction with the State Bar Association, setting up a much needed Medico-Legal Code, which is expected to be approved by our Supreme Court. It will relieve medical men of disagreeable and embarrassing appearance of partisanship in medical testimony, and is intended to foster fair, equal and just administration of laws affecting physician, patient and attorney relations.

CONTINUING PROGRAMS

These represent only a part of your Association's completed ventures. Continuing effort has been made on rehabilitation of crippled children, in support of medical schools, in supporting methods of recognizing hemolytic streptococcal throat lesions hoping to lessen rheumatic endocarditis, in checking irregular and inadequately educated practitioners, in supporting mental health betterment, in supporting guardianship of public health by working closely with the State Board of Health, in improving care of industrial accident cases in better vision and hearing programs for many more.

MILITARY DEPENDENTS

Negotiations are pending with the Department of defense. It had been hoped to announce them at this time.

We hope to have an unusual contract which, I think, will be pleasing and useful in the future.

DISABILITY

The new Disability Law promises to cause annoying and unfair responsibility. Barring mental disease, there are rarely and uncommonly conditions justifying a diagnosis and certification of total and permanent disability.

Our English colleagues say that such certification is the most unsatisfactory part of their laws. Demands for certification too often are based on old relationships, competition and unjustified desire for a pension. It is strongly recommended that a rotating medical board of three to five members be formed in each county or district and all applicants for disability certification be referred to this board. This will relieve individual physicians of pressure and embarrassment.

In politics, we have improved our relations with Congressional and General Assembly members in protecting our continued leadership in medical matters.

We see the continuing efforts of socialistic-minded people to enlarge governmental controls of medicine, which surely and certainly destroy the individualism of medical men, and on which factor the continuous improvement of the public health so completely depends.

We have seen the deterioration of medical standards in other countries when the health welfare depends on uninformed and inexperienced bureaucrats seeking by ill-advised directives and regulations to reduce physicians to the level of minor employees, with utter disregard of the proven experience that only by free individualistic efforts is there progress. Ample funds and directed efforts rarely produce the sought results. The whole history of our improvements is a record of keen eyes and trained minds capturing an accidental observation and following it to a useful end. Practically all of our greatest discoveries are accidental observations by individuals with no restrictions, no limitation of scope, no overshadowing authority.

It behooves the medical profession to stand determinedly and in unity in defense against

controls, governmental, religious, secular or financial.

Only by complete individualistic freedom of action, may we hope to continue the progress which has meant so much to mankind.

We ought actively participate in politics, not on a partisan basis, but solely to support those legislators of either party, who oppose socialism in every form. We are relatively small in numbers, but politically of vast influence. Let us make use of that influence for the good of our people.

We have participated in measures tending to provide better homes for the aged and regulating nursing homes. We have greatly increased the use of tape recordings by which local societies may keep in touch with the improved medical advances that our own standards may be continued and improved.

The Indiana State Medical Association continues its real leadership in every movement for the health of the people of our state.

We are justly proud of its accomplishments.

For the future, the crystal ball indicates specific treatments for TB, for leukemia, new virus vaccines to eliminate troublesome diseases of presently unknown cause, especially the common cold. An oral treatment of diabetes is in the immediate future.

We expect to have revealed the cause of cancer and sarcoma, a cure, probably by surgery, for epilepsy, wider use of isotopes, and methods of cure for migraine and Hodgkins' disease. The future has boundless prospects in our never-ending search for better weapons in our continuing battle against disease and ill health, that the public may continue to have confidence that the profession of medicine, by its own methods, will, without governmental controls and regimentation, continue to lead the world in medical progress.

Such is the glorious vista of the future.

But best to attain that future, we of current times, must recognize the need of a platform of understanding.

SCIENCE AND ART

As Norbury, in his Illinois address has so competently pointed out, there are two phases of medicine, recognition of both being a necessity. One, the scientific or intellectual phase, the other, the emotional phase we know as the art of medi-

cine. Both are essential, not only to present endeavors, but as a firm base for the future.

The intellectual or scientific phase is a rigid discipline of preparation and continuous attention to the proven facts; the art of medicine is derived from the instincts of our predecessors in the evolutionary scale.

It was when man with his God-given brain appeared, that the emotional phase began. The emotional phase is the oldest and, as pointed out by Norbury, is derived from anatomical, physiological, and spiritual priority. We might even call it instinct as opposed to knowledge, but to be useful, there must be coordination of the two. There must be a knowledge of basic truths, and from the habit of reasoning and, sometimes, a stimulation from vague and undefined memories of partly forgotten facts which come into our appraisal, without apparent scientific deductions a solution appears.

As Burwell of Harvard observes, "The art of healing brings to the patient, comfort, reassurances and helpful understanding: it lifts his courage. The art of healing is older than the science of medicine and equally indispensable to the effective functioning of physicians. The association of art and medicine is essential to the maturity of the physician."

Because of the evident necessity of a combination of art and science, it seems apparent that the general practitioner should predominate in medicine. The products of science are useless unless used and found useful. Our profound respect is due scientific observers and specially trained practitioners but, in the end, only those things will live which merit common usage.

So upon the great mass of physicians, the men who combine the art of medicine with proven scientific knowledge, must finally rest the building of the platform which supports our efforts and from which, future growths must take off. Though a lifetime surgeon, my deepest respect

goes to those who have served the public so well, the general practitioners. Like Abou Ben Adhem, they lead the rest.

I cannot close this report without calling the attention of the profession to certain faults of our own. Beam, of Iowa, has clearly pointed out matters, which definitely injure. We need a constant self-analysis and criticism from within. Harmony is essential to mass progress, but the voices of critics within our own organization need to be raised for the good of ourselves and our profession. Perfection is an unattainable goal, and in our efforts to reach it, there are pitfalls.

A FEW QUESTIONS

It is said, with much truth, that the average man does not like, or is afraid, of our profession as a whole, but has deep respect and affection for his own physician.

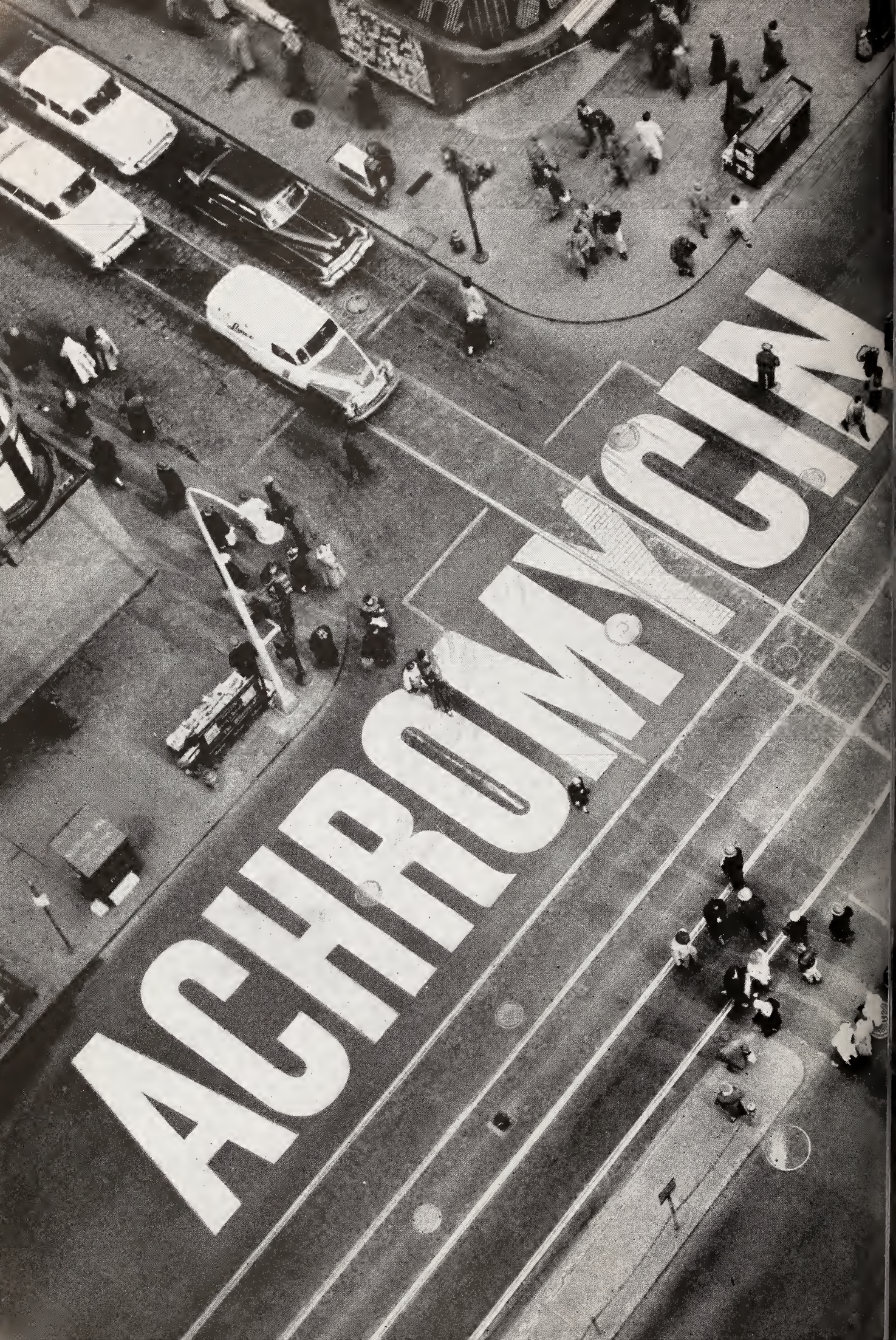
Do we need a greater willingness to make clear explanation to our clientele? Are we remiss in participating more actively in the social, economic and political affairs of our community?

Ought we not, as good citizens, aid, and even lead, in every matter pertaining to health? Ought we not continue our concern for the poor, as our forefathers did?

Ought we not support the various children's camps, the Scouts, the boys and girls clubs, the various athletic activities of the children?

Ought we not improve our relations with the public by patience in our relations with our patrons, taking care that they shall have full explanations in simple words?

We shall have no problem in our public relations if we revert to the traditional relation of a trusted confidant, a sympathetic listener, a wise counselor and a devoted attendant, carrying always in our minds, the ancient precept: "Be ye therefore wise as serpents, and harmless as doves."





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¹Posner, A. C., *et al.*; Further Observations on the Use of Tetracycline Hydrochloride in Prophylaxis and Treatment of Obstetric Infections, *Antibiotics Annual* 1954-55, pp. 594-598.



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Hospital Sets Up Segregated Area for Critical Surgical Patients

A PLAN FOR SEGREGATING all critically ill surgical patients in a single hospital area staffed by especially trained nurses was outlined in the October 6 *Journal* of the American Medical Association.

The plan was devised partly as one solution to the shortage of graduate nurses and as a way of guaranteeing expert care to those "who need it most," according to three physicians on the staff of Rhode Island Hospital, Providence, where the plan is in operation.

Drs. J. Murray Beardsley, J. Robert Bowen and Carmine J. Capalbo explained that the pressure for graduate nurses in other areas in the hospital is relieved by putting all critically ill patients together. More nurses' aides and practical nurses can then be used in other areas. The plan also lessens the demand for private nursing care for individual patients, while still providing specialized care for critically ill persons.

All surgery patients requiring special observation for variable periods (usually two to seven days) may be sent to the special care unit when they leave the operating room, the authors said. In addition, emergency patients, such as those with active internal bleeding or severe burns, may be admitted directly to the unit. Some patients who are not critically ill but who are in "potentially dangerous" situations may also be kept there for observation. Patients with chronic conditions are not admitted to the unit.

The Rhode Island Hospital unit consists of two adjacent wings containing 28 beds. Glass partitions make it possible for practically all pa-

tients to be seen from the nursing station in the middle of each wing. Private rooms are available for patients who would disturb others. The unit is one floor above the surgery floor, since most admissions are from the recovery room in the operating suite. Each bed is provided with necessary emergency equipment, including an oxygen device.

PROVISIONS FOR STAFF

Sleeping quarters for a full-time resident physician, a standard laboratory, a minor surgery room, and a large dressing room are provided within the two wings. The unit is permanently supplied with all necessary emergency equipment.

The unit is staffed by a full-time resident physician, a nursing supervisor, two head nurses, nine other graduate nurses, eight practical nurses, four orderlies, one general duty aid and one dressing room aid.

The staff is permanently assigned to the special care unit, which provides an opportunity for each staff member to become thoroughly acquainted with all the specialized skills necessary for caring for seriously ill patients. In addition, it creates an almost unparalleled feeling of team spirit, they said.

The unit is administered by a committee made up of representatives from the various hospital departments. This committee meets every two weeks to discuss the operation of the unit. This type of administration avoids misunderstandings and provides a means for greater cooperation among those responsible for the patient's care, the authors said.

NEW BOOKLET TO STIMULATE BLOOD DONATIONS

The Good Reading Rack Service, Inc., (76 Ninth Avenue) of New York, which supplies reading material to thousands of employees in industry all over the country, has just published a new booklet entitled "Bank Your Blood." It was prepared in cooperation with the Joint Blood Council, made up of five organizations, including the A.M.A. The booklet is aimed at furthering the health of the American people through promotion of blood programs.

Employing the Ex-Tuberculous

EMMETT B. LAMB, M.D.

Indianapolis

This article was presented by the author as a talk to a group of convalescent patients at Sunnyside Sanitarium and is published in the belief that physicians and their patients who are recovering from tuberculosis will find it of interest as they formulate plans for rehabilitation.

MANY PAINFUL PUNS and bad jokes have been made out of the comment, "I'm glad to see you in the hospital." Perhaps there are times which justify such comment without either humor or sarcasm. Of course, there is no consolation in illness or misfortune, and we are in a sympathetic world for those who have so fared. You, ladies and gentlemen here, who are now recovering from this illness, have had your moments of discouragement and have often asked a question, "Why did this have to happen to me?" There is certainly no explanation as to why this had to be your misfortune. Most of you have probably wondered where you could possibly have contacted tuberculosis, but I dare say that very few of you have had the old outworn idea that it was sent upon you because of some sin of yourself or your ancestors or for some misdeed or as punishment for some wrong act. That was once the idea of illness, and society even went so far as to punish those who became ill. And even where there was a will to regain health, people were inadequately or wrongly treated, because of inadequate knowledge. Remembering all this, I know you are thankful for a devoted staff of doctors and nurses, for a fine, special hospital, for antibiotics and improved skill in the treatment of tuberculosis, and for the attitude of the general public at this time. So I may say in all sincerity that I am glad you are here *today*, instead of having this illness under the circumstances prevailing a century or even half century ago.

If I can also point out to you the very great opportunities for you as you reach your stage of recovery, perhaps you will not only be happy but actually enthusiastic about your future.

I have been asked to speak briefly to you concerning the opportunities for employment when you reach that stage of recovery at which you are again able to engage in some gainful work. I shall not try to talk about the treatment and general management of tuberculosis, since you have been instructed by a staff far more competent to speak along that line than I am. As you consider this future, then, you may want to ask certain very definite questions, some of which may be as follows:

What may I expect industry to offer me? When you are ready to enter work, depending upon your previous experience and your individual situation, you may look to various activities. Some of you may already have a place in a small industry, in the home, on the farm, where a personal interest can be taken in you and your place is secure. To those of you in that larger group who look to larger industry in the manufacturing field for employment, I believe this question poses a little more uncertainty. I think you have, however, a very definite right to expect a few specific things: first, you should have, whenever you apply in any plant, a courteous interview. That does not mean that you will be assured a job. It is possible that that employer at that time may not need any new employees, regardless of past medical history or even qualifications.

Second, in the manufacturing industry today you will probably have some sort of a medical program. You probably will be asked to take a physical examination which may vary greatly in extent. This will undoubtedly be carefully coordinated with your past medical history, and that

will be done in a spirit of coordination and co-operation rather than one of censure against you.

There will be careful job placement. That is to your advantage and for your future protection. Job placement in industry today is receiving more and more consideration for all employees as we go into more and more specialization and more automation in industry. I think this is particularly important for those who are physically handicapped or who have had some past illness, for their own protection and for the protection of other employees.

Lastly, you probably will be expected to work as a regular full-time employee, and your job placement will be managed so that you will be placed on a job in which you can do this. That will mean, of course, that you will be entitled to share in all the rights and benefits, but it will also mean that you are subject to the same regulations as any full-time employee. Incidentally, you will receive the full regular pay for that job, but you will be expected to meet or beat the production schedule. Along this line different industries have different fringe benefits.

What may industry expect of me? Conversely, you may also then ask the question, "What must I do to enter this gainful occupation?" In the employment of the physically handicapped, this is a relatively new problem. I think you should remember that your progress is being watched with kindly observance by both the employer and your physicians. They are all hoping for your continued success and advancement.

In consideration of this, then, I think you should make a truthful, positive statement of your skills, ability, past experience, and your

physical condition when you make your application for employment. There is nothing more disappointing than to find that someone has misrepresented his ability or his capability.

Your company has a right to expect your complete cooperation in the program. You should cooperate to the very best of your ability with the continuing observance of your doctor and the tuberculosis association. You should also cooperate in a similar way with the plant medical department, and you will find that the medical people are trying to help you and not trying to put a roadblock in your path.

It is your duty to cooperate and try to protect yourself. There is nothing more discouraging than to try, as a physician, to guide someone into better health and recovery and find that he is, on the side, abusing himself to undo all that has been done for him.

Your company will also expect that you work consistently, regularly, and loyally.

Continuing aids and observations. This, then, is your opportunity to gain a place in society where you will be active and independent. I hope you will be able to consider that this disability is merely a little detour, which you have now passed; that you are now rejoining the happy throng on the main road, and that you will reach your goal without further mishap. I wish to assure you that there are more helping hands extended to you than ever before; and that you also have a responsibility, in accepting this opportunity, to cooperate to the best of your ability with your fellows in work, in your play, in your home, and with society at large.

AMA TO CO-SPONSOR MEDICO-LEGAL FILMS

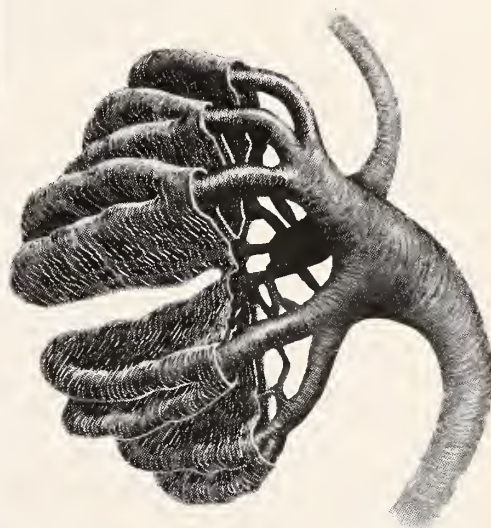
A series of films on medico-legal problems will be produced by the pharmaceutical firm of William S. Merrell Co. of Cincinnati in cooperation with the AMA's Law Department. The first film—dealing with the doctor as a medical expert witness—will be previewed next month (November) at the AMA's Clinical Session in Seattle. This film will be available for showings at state and county medical society meetings after December 15.

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Armed Forces Library Becomes National Library of Medicine

THE ARMED FORCES MEDICAL LIBRARY was transferred on October 1 to the Public Health Service, Department of Health, Education and Welfare.

The National Library of Medicine Act, signed by President Eisenhower on August 3, established a National Library of Medicine in the Public Health Service "to assist the advancement of medical and related sciences and to aid the dissemination and exchange of scientific and other information important to the progress of medicine and to public health." The Armed Forces

Medical Library will form the nucleus of the National Library.

The transfer was made during ceremonies in the Armed Forces Medical Library. At that time the library was officially turned over to the Public Health Service by Dr. E. H. Cushing, Deputy Assistant Secretary of Health and Medical Affairs, Department of Defense, and was accepted by Dr. Leroy E. Burney, Surgeon General of the Public Health Service. Dr. L. T. Coggeshall, Special Assistant for Health and Medical Affairs, represented the Secretary of Health, Education and Welfare.

The Armed Forces Medical Library was founded in 1836 as the Library of the Surgeon General's Office, U. S. Army. Today it is one of the largest and most important medical libraries in the world. It contains almost a million volumes, representing literature on medicine, dentistry, pharmacy and allied sciences in all languages and of all times. Its books are loaned to other libraries throughout the United States.

In administering the National Library of Medicine, the Surgeon General of the Public Health Service will be assisted by a Board of Regents consisting of 10 persons to be appointed by the President and confirmed by the Senate. Ex officio members of the Board will be the Surgeons General of the Public Health Service, the Army, Navy and Air Force, the Chief Medical Director of the Department of Medicine and Surgery of the Veterans Administration, the assistant director for Biological and Medical Sciences of the National Science Foundation, and the Librarian of Congress.

The National Library of Medicine Act also authorizes the construction of adequate facilities to house the library on a site to be selected by the Surgeon General of the Public Health Service at the direction of the Board of Regents.

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General Surgery, One Week, February 11
General Surgery, Two Weeks, April 23
Surgical Anatomy & Clinical Surgery, Two Weeks, March 4
Basic Principles in General Surgery, Two Weeks, January 14
Fractures & Traumatic Surgery, Two Weeks, November 26

GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, February 11
Vaginal Approach to Pelvic Surgery, One Week, February 4
General & Surgical Obstetrics, Two Weeks, February 25

MEDICINE—

Electrocardiography & Heart Disease, Two-Week Basic Course, March 11
Gastroenterology, Two Weeks, May 13
Dermatology, Two Weeks, May 6
Gastroscopy, Two Weeks, March 18

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, November 26
Clinical Uses of Radioisotopes, Two Weeks, May 6

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Medical Panorama—

A. W. Cavins, M. D.

Associate Editor

"LET'S GET BACK TO THE PATIENT"

The above title was used by Dr. McLaren Johnson in addressing, as its new president, a medical society at Atlanta, Georgia, early this year.¹ It was a worthy address, worthy of being presented to any national audience of *Doctores Medici*; yet the occasion was an annual banquet of a *county* medical society—Fulton County, Ga. Let those among us who consider a county society meeting beneath their dignity peruse the following excerpts from Dr. Johnson's address, which we regret we cannot reprint *in toto*. We know the old wheel horses will read this without admonition:

The physician, once the idol of his community, is now looked upon with suspicion by the public which he seeks to serve. Unscrupulous molders of public opinion have used all conceivable means to bring about this suspicion, and they are not slackening their efforts. Certain national magazines are doing all they can to create a distrust of the whole medical profession. The doctor is a popular target for the demagogue who does not care how he gets his votes.

In some way we are being denied our rightful heritage. It is my sincere belief that the physician himself is not primarily to blame, but is rather the victim of forces which he is unable to overcome. Let us consider our predecessor of two generations ago. While he worked under disadvantages, he was spared many problems which confront us today. He did not have to work many months out of each year just to pay his income tax. He was not required to act as the income tax collector for his own employees. His house calls could not be made with any great speed, but he never had a parking problem. The innumerable questionnaires that plague us today had not been invented. He had never heard of

disability insurance forms. To put it simply, his time was devoted entirely to his patients—in a personal, tangible way that they could understand.

He would be overwhelmed, and probably incredulous, if he heard what it costs to operate even a modest medical office today. In the past we have laid stress on what it costs to educate a physician. I wonder why we do not point out instead that the total amount spent on a medical education would hardly operate a physician's office for one year. The average layman has not the slightest conception of this fact. Perhaps, if he knew, he might entertain more kindly feelings toward our profession.

* * *

This staggering financial load has done its part in raising a barrier between physician and patient that did not exist in the past. But it is not our only difficulty. The average patient will cheerfully accept high costs as long as he feels that his physician's chief concern is with him—the patient—as an individual.

* * *

There lies the clue to our greatest problem. We have so little time. In spite of our scientific advances, time remains the one commodity which is not expansible. Actually, we have much less time at our disposal—for personal ministration to our patients—than our predecessors had. The complexities of modern living exact their toll, and demands are made on our time today which were unthought of a generation ago.

* * *

The time factor is such a problem that most of us stay in a state of chronic frustration. To make the most of the time we do have, we hire more non-medical assistants, who must be paid, and we buy time-saving devices, which cost money. We streamline procedures here and we seek

faster methods there—and still we fall behind in our race against time.

* * *

Every procedure that actually helps the quality of medical care, even remotely, must be tolerated; else we fail in our obligation to the public. But even the most essential items could be simplified and made less time-consuming. Overlapping and duplication should be ruthlessly eliminated. If we do not weigh all these things very critically, we may find that red tape has replaced adhesive tape as the badge of our profession.

Sometimes our attempts to increase efficiency merely result in over-organization. . . . The lesson learned here can be applied at any point in the practice of medicine: The moment we interpose an obstacle between physician and patient, we create a potential source of trouble.

* * *

It was the custom in ancient Rome, when a conquering general would return in triumph to receive the plaudits of the multitude, for a man to follow a step behind him and repeat over and over in his ear, "Remember, Tribune, thou art only mortal!" It would be well if he had a modern counterpart—one who could stand at the chart desk and in the record room, and in the conference rooms and committee meetings, and most of all in the meeting places of those who think up new ways of spending our time. His sole duty would be to say, at appropriate intervals, "Let's get back to the patient!"

Moral: Your brother doctors need your help in every type of medical organization.

¹ From the Bull. of the Fulton Co. Med. Soc., Atlanta, Ga., Feb. 2, 1956.

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Abstracts:

FUTURE PROSPECTS OF ANTIMICROBIAL THERAPY

Flippin, H. F.: Virginia Med. Mon., 82:435, 1955.

As problems resulting from the widespread use of antibiotics the author lists: (1) The increasing number of drug resistant organisms; (2) Infection caused by micro-organisms that are usually regarded as non-pathogenic developing during antibiotic treatment and proving insensitive to the drug being used; and (3) Toxic reactions to these agents.

A bacterial strain that becomes resistant to a drug often develops cross-resistance to other antibiotics. Some bacteria have natural resistance to certain antibiotics, or they may acquire resistance due to continuous use of low dosage of the drug. After reviewing the mechanism of the drug actions Flippin expresses doubt of any effective antibiotic being found which will not induce resistance. Resistant bacteria raise the major problem in the respiratory and urinary tracts where the infections are usually mixed and perpetuated by physiologic or structural defects. He believes that in surgery the use of antibiotics should be restricted to treatment of established infections rather than as prophylaxis.

The mechanisms of super-infections are discussed, including the possibility that some antibiotics, such as chlortetracycline, actually stimulate growth and virulence of monilia.

Of toxic reactions he says of penicillin that "Today penicillin heads the list of medicinal agents in frequency, diversity, and severity of the sensitivities it produces," but that "Penicillin remains the least toxic of the currently available antimicrobial agents." Skin testing with penicillin is likely to predict only the development of an anaphylactoid reaction. Desensitization of patients who have had penicillin reactions may at times be necessary and seems practical. The toxicity of the streptomycins is related to total dose, duration of treatment and the degree of renal impairment. Since streptomycin damages the vestibular branch and dihydrostreptomycin the auditory branch of the eighth nerve, it seems advisable to use mixtures of the drugs when this drug is necessary.

Stephen L. Johnson, M.D., Evansville.

MIDDLE-LOBE SYNDROME

Lindskog, G. E., and Spear, H. C.: New England J. Med., 253:489-495, 1955.

Atelectasis of the middle lobe of the lung due to bronchial compression from enlarged lymph nodes has been recognized since 1937 (usually associated with chronic pneumonitis of that lobe but occasionally also with bronchiectasis. The present paper reports a series of patients showing middle-

lobe involvement by x-ray in whom further investigation showed such diagnoses as bronchogenic carcinoma, tuberculous lymphadenitis, chronic abscess, lipoid pneumonia, and parenchymal tuberculosis. The authors believe that accurate diagnosis of cases with middle-lobe syndrome rests finally on the examination of the resected surgical specimen and that clinical and bronchoscopic and x-ray findings cannot be conclusive.

Stephen L. Johnson, M.D., Evansville.

RENAL FUNCTION: PHYSIOLOGIC BASIS FOR THE TREATMENT OF PRE-ECLAMPSIA—ECLAMPSIA


Alvarez, R. R.: Obstetrics and Gynecology, 8:10-17 (July) 1956.

In order to treat pre-eclampsia—eclampsia rationally, one must understand the deranged renal physiology concerning the handling of water and electrolytes. Glomerular filtration rate, renal blood flow, urinary output and the tubular-rejection fraction of water and sodium are decreased, whereas there is an increased reabsorption of water and electrolytes.

The author's suggested management consists of: (1) hospitalization with strict confinement to bed; (2) 800 mg. sodium, neutral ash, high protein diet; (3) proper fluid and electrolyte balance based on clinical evaluation of hydration, serum levels, and status of renal activity utilizing daily weight changes as an index of insensible loss; (4) sedation in the form of phenobarbital, which has no significant effect on renal function (demerol and magnesium sulfate have been shown to cause retention of sodium ions and to be anti-diuretic), and morphine; (5) hypotensive drugs, using a combination of hydralazine which increases renal plasma flow through increased cardiac output, and reserpine which gives an increase in glomerular filtration rate and renal blood flow by central depression of vasomotor system; (6) diuretics as ammonium chloride to increase the excretion of sodium and water; (7) digitalis in heart failure; (8) oxygen when cyanosis, dyspnea, or tachycardia are present, indicating impending pulmonary edema; (9) nor-epinephrine in oliguria or anuria to stimulate urinary excretion; (10) gastric suction if metabolic acidosis exists will remove the potassium ion.

James K. Chamness, M.D., South Bend.

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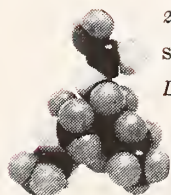
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Story of I.U. Graduate, Now a Mission Doctor in Belgian Congo, to Be Televised

THE STORY OF MISSIONARY MEDICINE will be presented in a one-hour "March of Medicine" documentary telecast this month. The program will be beamed to the general public over 75 stations of the NBC-TV network Tuesday, November 27, at 9:30 p.m. EST, in place of the "Armstrong Circle Theatre." Check local newspapers for time of broadcast in your area.

Produced and sponsored by Smith, Kline and French Laboratories in cooperation with the American Medical Association, this will be the first medical program of its kind to be televised in color. The program will follow the daily activities of Dr. John E. Ross, who has served for the past eight years as a mission doctor in the Belgian Congo. Dr. Ross (a native Californian and graduate of the Indiana University School of Medicine) spends 14 hours a day operating in native huts, traveling to distant bush clinics and caring for lepers in the leprosarium he established soon after arriving in Africa.

This is the second program in the "March of Medicine" series which explores the activities of medicine outside the United States. The first was a report on the effects of atomic radiation

10 years after the dropping of the A-bomb in Hiroshima, Japan.

A special showing of the missionary medicine film will be presented the same evening—November 27—at the AMA's 10th Clinical Meeting in Seattle.

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AMA's Clinical Meeting Devoted to Problems of Family Physicians

AMA's 10th CLINICAL MEETING November 27-30 in Seattle will focus attention on the diseases and conditions most frequently met by America's family physicians. More than 2,500 physicians are expected to attend the meeting. Center of activities will be the Civic Auditorium, where scientific sessions will be held and the more than 200 scientific and technical exhibits will be displayed. Headquarters for the House of Delegates and meetings of the Board of Trus-

tees, councils and reference committees will be the Olympic Hotel.

Some 45 papers dealing with such varied subjects as fluid balance, urological problems, office psychiatry, varicose veins, fractures, diabetes and heart disease will be given by well-known physicians from all parts of the country. More panel discussions than ever before will be featured, including ones on: Problems of Prenatal Care; Problems of Aging; Care of the Cleft Lip and Palate Child by the Coordinated Team Approach; Late Complications of Chronic Liver Disease; Vascular Diseases; Pelvic Pain; Bleeding of Early and Late Pregnancy; Office Gynecology; Diagnostic and Therapeutic Problems of the Stomach and Duodenum; Fracture of the Long Bones; Congestive Heart Failure; Diabetes; Tranquilizing Drugs; Coronary Heart Disease; Surgical Treatment of Pelvic Malignancies.

Of particular interest will be a special exhibit on fractures and a manikin demonstration of problems of delivery. A group of exhibits has been assembled depicting the history of medicine in the Pacific Northwest, showing the contributions which doctors have made to the development of the area.

Both morning and afternoon color television clinics will be conducted on a variety of subjects. The medical motion picture program, however, will be held afternoons only, except for a special premiere showing Tuesday evening (November 27) of a new medicolegal film on the doctor as a medical expert witness.



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November 1956 1447

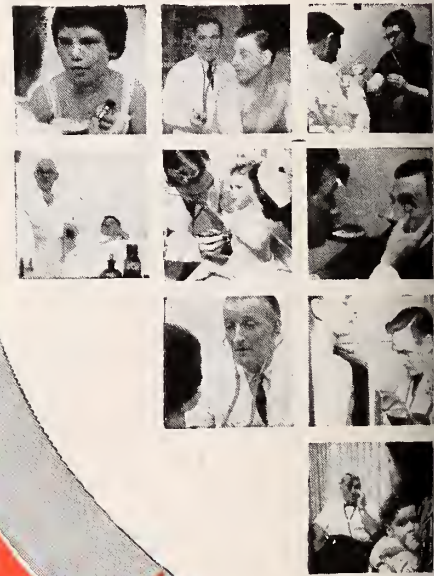
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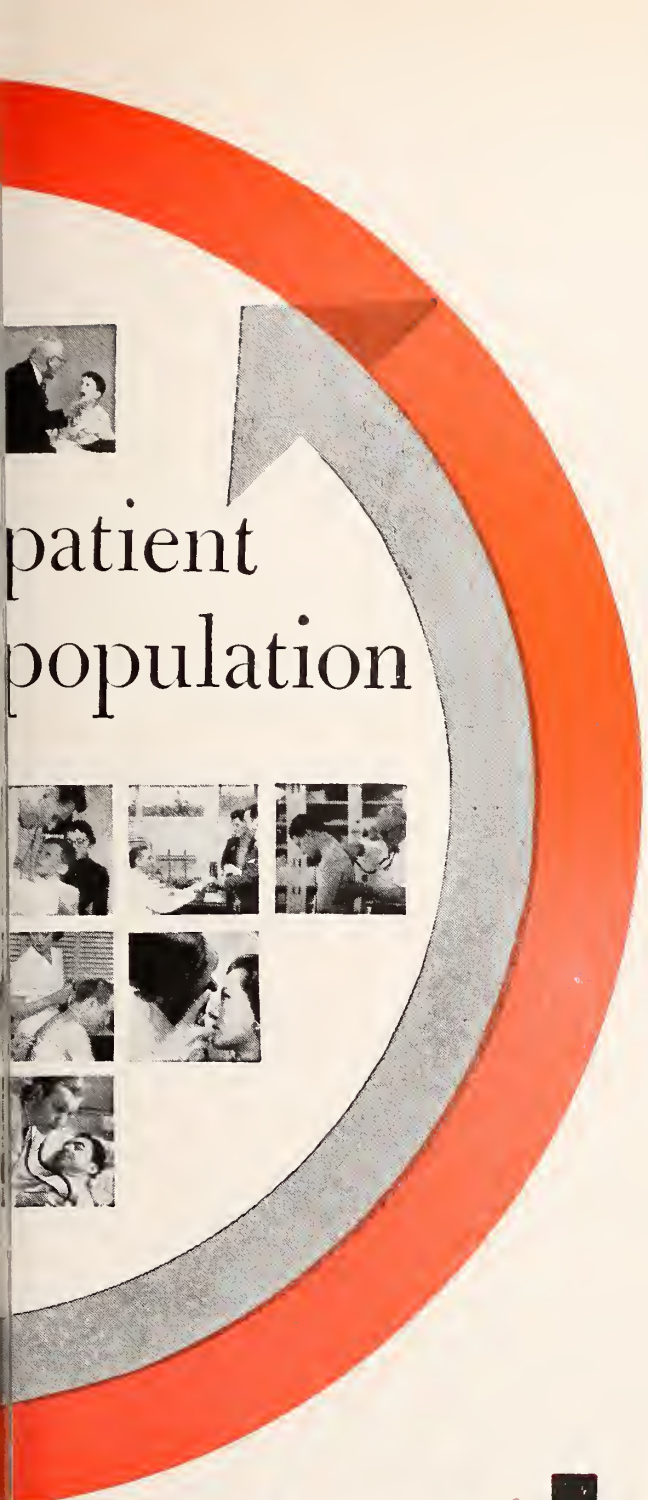
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A synergistically strengthened multi-spectrum antibiotic

Sigmamycin is a new antibiotic formulation providing: (1) the unsurpassed broad-spectrum activity of tetracycline, the outstanding broad-spectrum antibiotic discovered and identified by Pfizer; (2) the action of oleandomycin, the new antimicrobial agent which combats those strains, particularly among staphylococci, now resistant to tetracycline and other antibiotics.

Sigmamycin embodies a new concept in the use of antibiotics, for with this new synergistically active preparation, the development of refractory pathogens and their emergence as important sources of superinfection are more fully controlled.

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Sigmamycin brings to antibiotic therapy new superior safety, new unexcelled toleration because: (1) tetracycline, an outstandingly well-tolerated antibiotic, is formulated with oleandomycin, also known to be remarkably free of adverse reactions; (2) the synergism between oleandomycin and tetracycline enhances antimicrobial potency.

Dosage: 1 to 2 capsules q.i.d.

Supplied: Capsules, 250 mg. (oleandomycin 83 mg., tetracycline 167 mg.) Bottles of 16 and 100.

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Pfizer Laboratories, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

Dr. Clyde G. Culbertson Receives Award for Part in Polio Program

DR. CLYDE G. CULBERTSON, right, director of Eli Lilly and Company's biological research division, received the first Distinguished Citizen Award of the American Legion's Eleventh District in ceremonies September 20 in Indianapolis. To be presented annually, the award honors a resident of Marion County who has performed an outstanding service to his community, state or nation.

A leader in Lilly's Salk polio vaccine program, Doctor Culbertson was recognized for his long service in public health, teaching, and medical research, and, in particular, for his contributions to the development of Salk polio vaccine.

As a pathologist, Doctor Culbertson has had grave responsibilities for the safety of all Lilly-produced polio vaccine, approximately two-thirds of all polio vaccine produced in the United States.



The citation from the Legion was presented by Carl C. Schmidt, commander of the district.

Doctor Culbertson has served actively as a member of several committees of the Indiana State Medical Association and as a member of the Editorial Board of *The JOURNAL of ISMA*.

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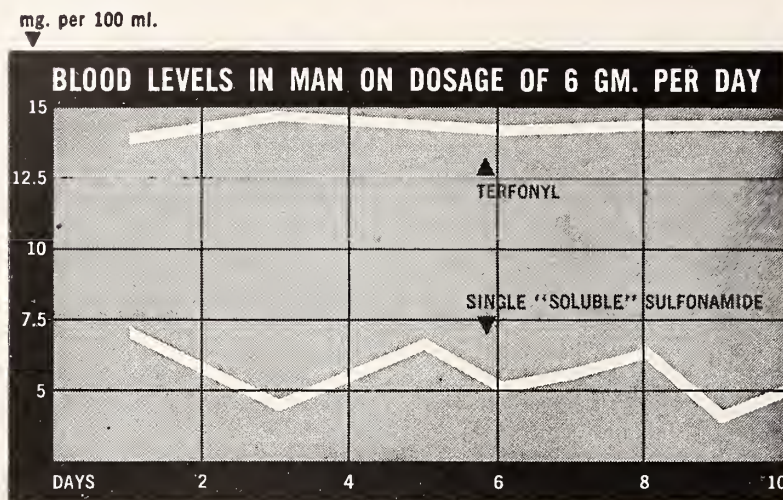
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— After Lehr, D., Modern Med. 23:111 (Jan. 15) 1958.

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Bottle of 24 tablets.

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^{*}TRADEMARK



Ford Foundation Grants Given to 44 Privately Supported Medical Schools

GRANTS TOTALING \$21,750,000 were announced September 16 by the Ford Foundation. The funds are to be used to strengthen instruction in the 44 privately-supported medical schools now in operation in the United States.

The grants are in the amount of \$500,000 to each of 43 four-year institutions and \$250,000 to the two-year medical school at Dartmouth College, Hanover, N. H. They were authorized by the Foundation's board of trustees upon the recommendations of a special advisory committee headed by Dr. Lee DuBridge, president of the California Institute of Technology.

The advisory committee was set up by the Foundation to develop plans for distributing

\$90,000,000 which the Foundation appropriated last December to aid the instructional programs of the private medical schools.

The grants are to be held by the recipient institutions as invested endowment for at least ten years. During this time the income from the endowment may be expended for instructional purposes. Excluded from purposes of the grants are construction and research needs. After a ten-year period the medical schools will be free to use the principal sum as well as endowment income.

In announcing the grants the Foundation indicated it expects to disburse the balance of the \$90,000,000 appropriation during the current academic year.



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References: 1. Boland, E. W., *J.A.M.A.* 160:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, *J.A.M.A.* 158:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, *J.A.M.A.* 158:459 (June 11) 1955.

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Does the Indiana Coroner Need Help?*

EDWARD B. SMITH, M.D.

Indianapolis

THE REJECTED, SEPARATED HUSBAND could not prove that he was alone in his rooming house the evening his wife died in the fire at his home.** He had visited his wife at noon. The neighbors heard him shout threats about killing her as he had threatened her many times before. No one saw him leave.

Smoke was seen coming from the bedroom window at 7:30 that evening. A neighbor pounded on the door but received no response. All doors were locked.

The firemen broke into the smoke-filled house and found a smoldering, disheveled bed on which the dead woman lay, face up with legs over the foot of the bed. The dead woman had a wound above the right eye and there was a puddle of blood on the floor under the bed. The unburnt bed clothes under her head were blood stained and her hair was matted in clotted blood. The woman's clothing was displaced upward so that the thighs were exposed.

The woman was not charred badly except for the arms and forearms. The body generally gave the appearance of having been cooked by a low-intensity heat over a long period. In some areas the skin was split by the swelling incident to the heat. The odor was of cooked flesh and not of burned flesh.

Feathers were tracked from the front bedroom where the fire had been, through the living room, dining room and kitchen to the pump on the enclosed back porch. A few feathers stuck to the handle of the pump, which was the only source of water in the house.

*This article is a modification of a paper presented before a joint meeting of the Indianapolis Bar Association and Indianapolis Medical Society on May 22, 1956. The author is professor of pathology at Indiana University School of Medicine.

**This true case has been modified for presentation here.

A granite pail, usually kept on the back porch was found in the bedroom and blood was smeared on one side of it. Drops of blood were most numerous in the bedroom but were found also in the living room streaked down the side of an overturned chair and on a small side table.

Numerous bottles of pills from different physicians were scattered around the house. Some bottles were labeled as barbiturates. Many ash trays containing many cigarette butts were in the various rooms, indicating that she had been a heavy smoker and a poor housekeeper. An empty wine bottle was on the kitchen table.

The husband denied assaulting his wife and setting fire to the house. However, no one could furnish him an alibi. He stoutly maintained that he had stayed alone in his room all evening, gone to bed early and driven to a neighboring town at daybreak the next day without hearing of his wife's death. He could not explain why he was so hard to find hours later in the neighboring town.

The autopsy failed to establish a specific cause of death but the extreme congestion of the organs indicated a slow progression of death. The only marks of injury were the cut above the right eye and a bruise under the point of the chin. A blood sample showed a level of .14% alcohol and 50% to 60% of the hemoglobin saturated by carbon monoxide. An unidentified barbiturate was detected in the urine.

Although this case was regarded as "accidental death" from early in the investigation, the husband was held as a suspect of murder until the pathologic and toxicologic results were available.

Did the victim drink wine all afternoon, take barbiturates, fall asleep while smoking in bed, set fire to the pillow, awaken and carry out some of the smoldering feathers?

Did she fall over the living room chair because of alcohol and barbiturate (and carbon

monoxide), cut and bruise herself, bleed profusely as carbon monoxide victims commonly do, obtain water from the pump and pour it on the bed? Then, thinking the fire extinguished, did she lie down to become asphyxiated slowly (thus a very high level of CO in the blood) and slowly cooked?

This case is an example of the exoneration of a suspect who had threatened to murder his wife, had been seen recently at the scene, and could not establish an alibi.

Thorough and immediate investigation saved his reputation and saved much time and money for public officials and taxpayers.

However, in Indiana this properly handled case is the exception rather than the rule. In Indiana the majority of cases of violent death are inadequately investigated because of our poor laws, previous court decisions and poor facilities. Our courts waste days and weeks of argument leading to tenuous decisions based on inadequate evidence. Suspects are frequently freed because of lack of evidence. Of greater importance, an innocent person may be erroneously convicted.

INDIANA CORONERS' QUALIFICATIONS INADEQUATE

The cause of death is a medical opinion. Yet the Indiana coroner may be an unqualified, constitutional county officer elected for a four year term.¹ An extreme example of an unqualified coroner is illustrated by the pathetic but humorous incident which occurred in one of our counties. When there was no other candidate for the poorly-paid position of coroner, a gang of the local pool-room boys nominated, and elected, the village half-wit to the coroner's post. This is in contrast to more than half of Indiana counties in which a civic-minded physician has agreed to accept nomination and election.

However, even these physician-coroners experience baffling problems which require special services difficult to obtain under our present constitution and laws and with our lack of facilities.

INDIANA CORONER UNSURE OF HIS DUTIES

The lack of instruction and direction of our coroners through our laws and otherwise, is illustrated by an event of two years ago.

In one of our northern counties the newly-elected coroner died. In the same community was a public-spirited physician whose main interest was in obstetrics, i.e., he was interested primarily in bringing persons into the world and not in trying to determine by what means they had left the world. At any rate, this physician agreed to fill out the unexpired term of the coroner who had died.

The physician, upon becoming a newly-appointed coroner, inquired at the Court House about his duties, how he should conduct his office and what were the limits of his authority. No one knew. He drove to Indianapolis and after visits with many officials he was still unclear about many things.

This physician-coroner then arranged a meeting in Indianapolis and scheduled a program which was in part scientific and in part concerned with the legal and budgetary matters of the office of coroner. In this way, the Indiana State Coroners' Association was born. The second annual meeting was held last year and I hope these meetings do continue as an effort to give guidance to those persons who are struggling along with our out of date constitution (1851) and our inadequate coroner's laws.

WHY THE CORONER (AND THE PUBLIC) NEEDS HELP

The cause of death is a medical opinion and a physician is the best trained person to give this medical opinion. However, even the opinion of a physician-coroner is inaccurate without sufficient information.

An illustration of how a complete investigation improves medical opinion is illustrated by a study of 379 cases in San Francisco County, California.²

When called to see a previously unattended dead person, a physician's guess as to what actually happened inside the body was wrong in 50% of instances and in 30% of cases the cause of death was placed in the wrong organ system. That is, if the physician viewed the deceased, questioned the witnesses and gave his considered opinion, he had a 50% chance of being wrong as to cause of death, and in approximately one-third of cases the disease or injury was in an unsuspected organ of the body.²

Therefore, to be sure about cause of death the physician-coroner should look into the body. Indeed, in the San Francisco series of 379 cases the physician and a forensic pathologist did look in at autopsy. That is how the physician's range of error was determined.

In Georgia after establishing a crime laboratory and a policy of performing autopsies in questionable cases, in a one year period 8 entirely unsuspected murders were discovered. Of equal importance, in the same year more than 100 cases were changed from "suspicion of murder" to "natural death."

Some examples of difficult differential diagnoses of medicolegal importance are:

Bleeding around the brain due to trauma

vs.

Natural cerebrovascular accident

Traumatic bleeding in abdomen

vs.

Perforated peptic ulcer

Carelessness leading to auto accident

vs.

"Heart attack" leading to auto accident

These and other differential diagnoses are many times impossible without an autopsy. Therefore, the autopsy is being used with increasing frequency in various investigative offices over the U.S.A. The following figures from recent years indicate the percentage of "coroner's cases" which are investigated by autopsy in certain cities and states:²

New York City	29%
Baltimore	38%
State of Maryland	27%
San Francisco County	99%
Los Angeles County	56%
State of California	62%
Milwaukee County, Wis.	10%
State of Rhode Island	3%

It is believed by experienced forensic pathologists that the interests of justice and public

(Please turn to Page 1462)

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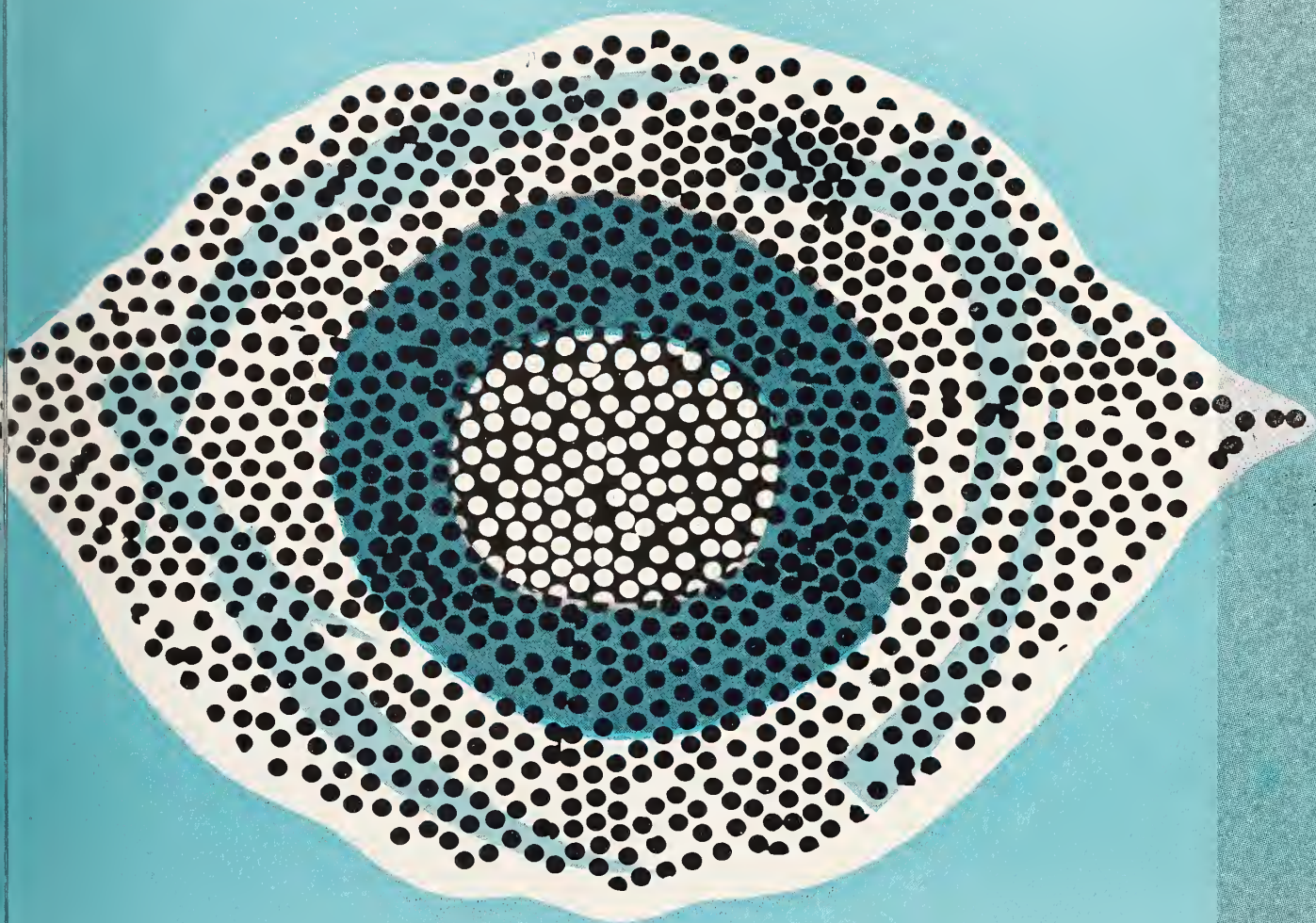
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safety require compulsory official autopsies in 25% of all deaths referred to the office of the average coroner or medical examiner.^{3, 4}

The autopsy percentage in most states, including Indiana, is not available because in our coroners' offices the records are frequently incomplete. Further, even an autopsy by an inexperienced physician may be of little value, especially if he is not particularly interested. The inadequate budget of the coroners in certain metropolitan areas leads to the employment of relatively disinterested house officers or of young men just starting in the practice of clinical medicine. Autopsies performed by such physicians are usually worthless and are performed to satisfy the minimal requirements of investigation.

MAIN DEFECTS IN INDIANA CORONER SYSTEM

I. The Indiana constitution and law still permits a willing and honest but *ignorant, uninformed* person to hold the office. The coroner's

system in Indiana was established when trained persons were not available. As forensic pathologists and toxicologists become available we should use them to the public advantage.

II. The *greatest defect* in the Indiana coroners system is the *limited jurisdiction* granted to the office of coroner.⁵

Some mysterious deaths cannot now qualify as coroners' cases because the Indiana Supreme Court has indicated that the coroner's jurisdiction must be exercised "within some reasonable supposition that the death under investigation resulted from violence or casualty."⁵ Therefore, the coroner is required to make preliminary judgment upon facts immediately accessible, and, if there is no reasonable suspicion, he cannot proceed without exceeding his jurisdiction. Without jurisdiction he may not perform an autopsy or investigate further.

The present jurisdiction of the Indiana coroner does not include unexpected death following apparent good health, suspicious deaths, nor

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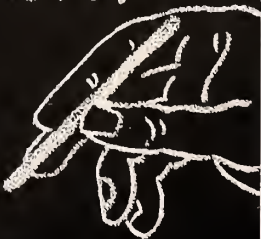
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*Griffith, G. C.; Dimitroff, S. P., and Thorner, M. C.: Ann. Int. Med. 45:7, 1956.

07656

Does the Indiana Coroner Need Help? (Continued)

those occurring in an unusual manner or while unattended by a physician. It has been recommended by certain study groups that laws should require the investigation of all deaths which might result in criminal prosecution, civil litigation, industrial compensation, or *where the cause and manner of death are unrecognizable*.⁶

In Indiana certain laws apply only to certain counties. For example, in counties having 200,000 to 400,000 population (Lake and St. Joseph counties) a dead body, if a coroner's case, must be photographed before removal.⁷ Another law requires that in counties of over 100,000 population (Allen, Lake, Madison, Marion, St. Joseph, Vanderburgh and Vigo) the coroner must employ a physician skilled in pathology to perform an autopsy when it is deemed necessary.⁸ However, the law does not indicate under what circumstances an autopsy is deemed necessary. A calculating murderer might profit by choosing subtle methods and the proper county for his crime.

III. The coroner has *insufficient help*. Photographers are not regularly available. Sometimes a kind-hearted newspaper man may take pity on the poor coroner to help him. The state police carry excellent cameras but are not always called to the scene, sometimes because of mere thoughtlessness and other times because photographs might be regarded as unnecessary.

Numerous others could help if asked. The state police regularly receive instruction in the preservation and collection of evidence such as fingerprints, bullets, blood stains, seminal stains, hairs, drugs, poisons, and insects. These various bits of evidence could be given proper evaluation if presented to persons with special interests in them.

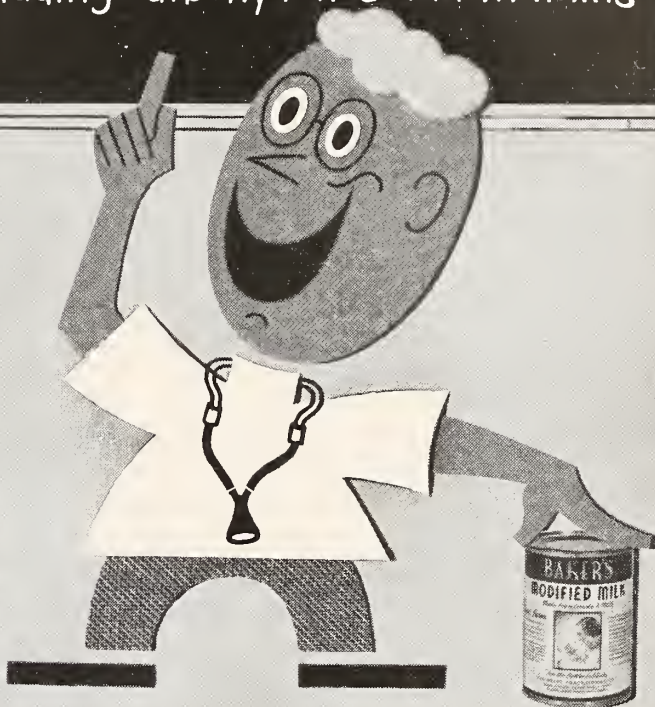
A few of the pathologists in Indiana have the interest and take the time to help coroners. However, in many instances the nearest pathologist cannot leave his regular duties. In other instances he does not wish to become involved in a case which may end in a prolonged trial in a neighboring county. Others find the fee too low to cover secretarial help, preparation of microscopic slides and other necessary parts of an adequate examination. An adequate medicolegal

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Does the Indiana Coroner Need Help? (Continued)

autopsy is a lengthy and detailed report, which in the long run precludes much argument and *saves much taxpayers' money.*

Toxicologic analysis is an important part of the investigation of crime. The close association of crime with alcohol and narcotics is universally recognized yet in Indiana insufficient use is made of tests for such drugs. Blood, urine, and other body fluids present difficult problems of analysis for intoxicants. However, analysis of tissues such as skin, brain, liver, or kidney is even more difficult because such analysis involves first the recovery and second the identification of the intoxicants or poisons.

In Indiana it is difficult to obtain toxicologic analysis despite the excellent cooperation of chemists at Indiana University School of Medicine where analyses are performed between classes and on weekends.

WHAT OTHERS ARE DOING

Numerous other states are improving their conduct of medicolegal problems. The Massachusetts Medical Examiners system is an old one. More recently 15 other states have changed their systems until 19 states now have medical examiner systems in whole or in part.

Ohio since 1945 has required that coroners be physicians.⁹ In addition, laws were passed which broadened, strengthened and dignified the duties of the physician-coroner in Ohio. Strategically located laboratories for pathology and toxicology are being used.

Crime laboratories have been established in several states such as Wisconsin and Georgia.

The Bar Association of New York City has taken a great step in legal medicine to eliminate medical witnesses where opinions are invalid for any reason. Lists have been compiled of names of medical experts whose qualifications are virtually above reproach. These men are used as arbitrators and referees to save argument, time and money in medicolegal problems.

Our Indiana State Police, in collaboration with the State Director of Traffic Safety, are

(Please turn to Page 1469)

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*Schwartz, E.: New York J. Med. 56:570, 1956.

provides restoration of breathing capacity — Relief of symptoms [bronchospasm, cough, wheezing, dyspnea] is maintained for long periods with relatively small doses.*

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participating in the Cornell Automotive Crash Injury Research program. Indiana should be proud of its early participation in this program, should be proud of the reports on the types of damage to the automobile, but should not be excessively proud of its reports on the damaged occupants.

In England the coroner must be a lawyer or a physician of not less than five years standing in the profession.¹⁰

The American Academy of Forensic Sciences has been formed recently to allow a common scientific meeting ground of the six sections of forensic sciences which are: (1) pathology, (2) toxicology, (3) psychiatry, (4) immunology, (5) questioned documents, and (6) criminalistics. These six sections collaborate in editing the Journal of Forensic Sciences, published quarterly.

Programs such as those cited above are part of the nationwide movement to aid in the solutions of medicolegal problems.

DESIRABLE FEATURES IN A CORONERS' SYSTEM

The coroner should be a physician because the main opinions rendered are medical. *The legislature may fix the qualifications of office holders if it chooses.*¹¹

The coroner and his assistants should be unprejudiced, impartial friends of the court. According to the Indiana constitution the coroner must be elected.

The local staff should be appointed by the coroner. The forensic pathologist, toxicologist and other experts should be strategically, continuously available persons appointed by a non-partisan commission.

The coroner should have help "on call" to avoid quibbling about the immediate cost or the question of authority to act immediately. Immediate preservation and collection of valuable evidence saves taxpayers much money in the long



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run by eliminating useless extension of investigation and useless trials.

Laws should define the coroner's duties to relieve him of certain liabilities in the pursuit of the truth in cases in which cause of death is unknown. In a recent survey, coroners of 10 counties requested a more detailed standard for jurisdiction.⁵ County medical societies are starting to study the problem of jurisdiction of the coroner.

The laws should make mandatory (in all counties) certain basic procedures in cases of death due to *violence* or *casualty*, and in cases of *suspicious death*:

- (1) Photographs at the scene.
- (2) Protection of the scene for the preservation of evidence.
- (3) Autopsy in all unclear or suspicious cases.
- (4) Analyses of body fluids or tissues for alcohol, narcotics and other intoxicants in specified types of cases.
- (5) Utilization of experts in the fields of pathology, toxicology, immunology, identification and criminalistics.

NOTE: Various methods of improving our investigation of death and medicolegal problems have been proposed. The simplest way would be through legislation (1) to require that coroners be physicians, and (2) to establish a medicolegal laboratory in a central part of the state, with less elaborate district laboratories in appropriate sites throughout the state. Pathologists would best be employed full-time in the central labora-

* According to the decision of the Indiana Supreme Court (In Re Todd, 208 Ind. 168, 193 N.E. 865 (1935)) the term "a majority of the voters" means a majority of those voting on the amendment, rather than a majority of those voting in the election.

tory and on a part-time basis in the branch laboratories. The services of these laboratories, pathologists, and toxicologists would be available to coroners in districts consisting of a few counties. These laboratories should *not* be part of any police system or prosecutor's system.

Another way of altering the coroner system would be replacement of it by a medical examiner system through an amendment to the constitution of the State of Indiana. Article 16, Section 1 of the constitution provides that an amendment may be proposed in either branch of the General Assembly and must pass by a majority in each of the branches. Then it must be passed by a majority in both branches two years later at the next General Assembly. Finally, it is submitted for approval by a majority of the voters* in a general election throughout the state.

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Erythrocin in treating tonsillitis and otitis externa

2/22/56

DISCHARGE SUMMARY

Patient, white male, age 4, entered the clinic on 2/13/56, with a history of yellow discharge from the right ear, a fever, and sore throat of two days duration.

Temperature orally was 100°, pharynx infected, tonsils inflamed, crusted purulent material seen in right ear canal; tympanic membrane normal. Diagnosis -- tonsillitis and otitis externa.

Culture revealed Staphylococcus aureus, coagulase positive, resistant to penicillin and sensitive to erythromycin.

ERYTHROCIN (erythromycin) was started in doses of 25 mgm/kg -- 400 mgm in 4 equally divided doses.

After 24 hours of therapy, patient was afebrile and comfortable. T=99.6. Throat slightly infected. Secretions in ear canal were dry and both tympanic membranes were normal.

Culture on 2/15 showed no coagulase positive staphylococci or other pathogens. On 2/22, follow-up exam showed him to be completely asymptomatic and free of unusual physical findings. The drug was stopped at this time.

Final Diagnosis: tonsillitis and otitis externa due to Staphylococcus aureus.

Result: complete clinical bacteriologic cure after 9 days with ERYTHROCIN therapy.

* Communication to Abbott Laboratories

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Idem p. 30.

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My Hobbies and How They GREW

ANON Y. MOUS, M.D.

Indiana

EVERYTHING has to have a beginning, even hobbies. Hobbies have their beginnings in people and they don't just happen. Folks have somehow to come in contact with different interests so that they become alerted to the possibilities in a field of investigation or endeavor.

Everything has to have a beginning, even little boys. This little boy started as the son of a very observant and alert doctor-father who was the son of an old doctor who had ridden horseback and later in a horse and buggy in Indiana in the practice of medicine in the earlier days. His mother was a well-educated woman and appreciative of the finer things in life as well as being a very capable musician. So perhaps this little boy is simply more fortunate than some in the fact that he had some person to direct his interests starting early in life. Anyway the boy's story starts like this.

One of the earliest interests was in things mechanical. There was a beautiful new clock being installed in the courthouse. The works were in a glass case. Large gears, escapements and all the machinery of a typical county-seat courthouse clock were to be viewed and admired. The motion, activity, and complexity of the mechanism fascinated the boy beyond measure. It became one of his stopping places and sometimes it was difficult to get him to leave to go home to his meals when he could stand and watch the clock work.

That later developed into a lot of things. Later this young man, before he was old enough to have a drivers' license or to drive, was "mechanicing" his doctor-father's automobiles and remodelling them, re-arranging them as was the custom in those days on the part of a

small segment of the population. Perhaps they were not as numerous as the "hot-rodder" of today, nor nearly as extensive in their efforts as some of the rebuilders of antique automobiles and modifiers of old-time cars nowadays. That accounted for one of the hobbies which has come in handy in many fields. The study of mechanisms and use of his hands has served well in the field of this particular author's profession, namely that of surgery.

Perhaps one of the earliest hobbies was the love of being observant outdoors, of wildlife, and in that I was aided and abetted by my grandfather who was considerable of a naturalist and at the time I was a little boy he had retired from the practice of medicine and was my playmate.

H O B B I E S

The JOURNAL has for sometime felt that many medical men are in need of some relaxation from their strenuous duties, responsibilities and worries, and that hobbies of one sort or another are a very excellent means to secure relaxation and variation of interest. For that reason the staff has been endeavoring to secure articles from various medical men concerning their hobbies. A considerable number of doctors do derive satisfaction from their hobbies as is evidenced by the fact that there are such organizations as the American Physicians' Art Association, Flying Physicians' Association, and a considerable number of others in the growing list of medical, hobby associations which attest the pleasure and satisfaction which doctors find from hobbies. Truly "variety is the spice of life" and hobbies provide variety. Hobbies are essential when one retires because when he retires he has nothing to do to occupy his attention and energies. All he can do is be "a dull fellow" and sit around and listen to his arteries harden unless he has hobbies.

The article, "My Hobbies and How They Grew," was requested because the author is one whom the staff knew had quite a few hobbies and widely varied interests.

At that time we didn't have a lot of Boy Scout activities and things of that sort to occupy a young boy's time, so my grandfather taught me to shoot and to fish. We used to go for tramps in the woods and hunt pawpaws and pick out the various birds that could be observed, and we learned that not all snakes are harmful, that some of them are very good citizens and should be carefully protected. So another interest arose that will provide diversion for anyone who is away from a city environment for any length of time. In this line the more one observes, the more inquisitive he becomes and the more he wants to look in his books to find the answers. The fishing later became a hobby of going deep-sea fishing which I found eminently satisfying as a good sport. This is considerable of a preventive measure against boredom on shipboard at sea, or on an island, or at a vacation spot or on fishing trips where one can find plenty of interest in the fish and birds, the actions of the tides, the types of vegetation, all of which are very fascinating to follow. The more one learns, the more one realizes he doesn't know and has yet to learn.

. . . A LITTLE NAVIGATION

During the war I became interested in celestial navigation while aboard ship, and decided since I didn't know anything about it I had better find out something about it. One never could tell when such information might come in handy so I pursued that by finding some text books on the subject, studying them, and then with the help of the navigator of the ship, learning, working out an occasional sight with the octant, and converting to a line of position and that became quite a matter of interest because when you are out on the ocean there is a lot of it and you never can tell when you might get your feet wet! Of course I never achieved the proficiency of the professionals but think how much I added to my knowledge of astronomy and geography!

One of the earliest hobbies was started through the influence of a doctor and his doctor-wife who were friends of my parents and were in the Philippines and in the Far East at that time and who presented me quite a goodly start of the then-existent postage stamps of Japan, China, Korea and countries in that area. My parents were far-sighted enough to realize that

at the age at which these were presented to me, I couldn't possibly have an appreciation of their value nor take proper care of them so they were carefully preserved and I was informed that I had them, but that I could only work with them when I became old enough to take care of them properly. So starting before World War I, I was interested in the collecting of stamps and have worked at it off and on ever since.

Incidentally, hobbies are interesting things in that one does *not* have to work at them *continuously*. One can work at them as time allows or as circumstances permit, over a long period of time continuously, or at intervals, which has been the way in which most of my hobbies have engaged my attention. I do not try to work at them continuously as it will be obvious as the story goes on that that couldn't be done and carry on an active practice which I do.

The stamp collection has gotten to the point where I have a shelf full of albums and usually have a large stack of stamps which I have purchased or secured in one way or another which haven't yet been introduced into the albums, then when I find some time to work with them, I spread out a table and leave it for a while, as I work on these latest acquisitions. Then perhaps no more is done on this hobby for a time.

PHOTOGRAPHY PRACTICAL

Another interesting pre-occupation or hobby has been photography. I found this hobby more or less accidentally one might say. With the permission of the neighbors involved, I was going through an old, relatively unused, carriage house or stable attic at their home which was adjacent and found therein some of the very early materials of a photographer. A few bakelite trays, a printing frame or two and an old-fashioned Kodak roll-film tank developer. When I asked our neighbors about these they said "Why, we have no further use for them. The party who did use them no longer uses them. You are welcome to them. Take them along with you." So I did take them home. By this time my acquisitions were beginning to be a bit of a problem but we had a big old house and Mother was very understanding about such things and didn't fuss at me much about the things I managed to accumulate and drag into the house. She figured

(Please turn to Page 1478)

Hypertensive symptoms relieved in 96% of patients

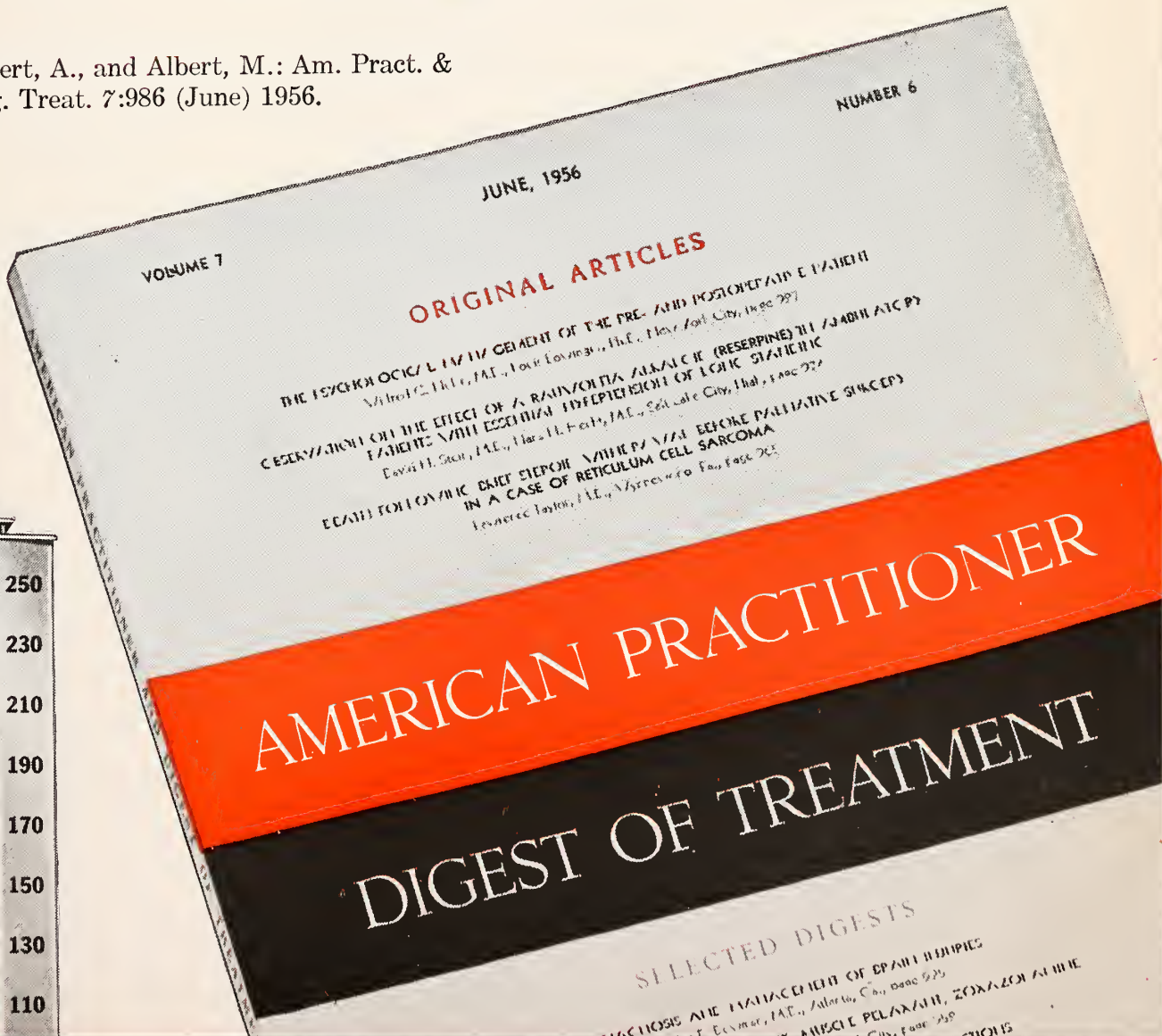
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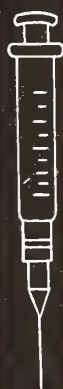


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My Hobbies and How They Grew (Continued)

that surely some of it would come in handy some day and she might as well let the boy find out what he wanted to do and what he liked to do and so, I was fortunate in that respect also. For a long time then I was busy working, learning how to take pictures, develop and print them. This later developed into one of my major hobbies in that I have used photography in about every field that one can imagine. I have taken still-lives, action pictures, and for some years did my own black and white developing and printing and enlarging pictures even to entering in exhibitions at various times. As a member of the American Physicians' Art Association I have managed in recent years to have some kind of exhibit in most of their displays. During the war this came in handy as I took my motion picture camera, lenses and auxiliary equipment of that type with me and it was used officially and while I took the motion picture records of various activities of my unit the photographers on board took the still pictures. So here again was worthwhile activity.

Another activity that has engaged some attention at intervals was started when I found I was somewhat interested in drawing and was given some little help for a short spell, with later instructions in painting, water color and in outlining in charcoal the things which were to be painted in water color later. This was never followed up very strongly at that time. Later this became of value to me when I was able to secure, possibly largely through the benefit of my drawing, the senior award in my surgical classes in a competitive contest for a publication covering the work of the entire senior year of the doctor's surgical classes. This became of interest while at sea when one sits around wondering when things are going to happen as one does aboard ship at times. At one time when we were in Hawaii I ran across a book of Bridgman's giving illustrations and describing his technique for pencil drawing using the various grades of pencils. I found that it was quite entertaining to follow this out since it doesn't require much equipment, mainly a lot of time which we had frequently at this period in my existence so I began doing some sketches in pencil, approximately lifesize, following my own modification

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of Bridgman's multi-grade pencil technique. These sketches, although not photographic, were characteristic of persons and in many cases were clear, fair likenesses, and in most cases readily identifiable as to the subject.

AVIATION'S NICHE

My interest with things mechanical had not ended with automobiles however, for at one time I was very much interested, in the relatively early days, in aviation as a possible vocation and was considering the possibility of aviation engineering as a career. Following this idea through I gave it proper thought and decided that my best field would be to proceed in the practice of medicine to associate with my father, and therefore eschewed carefully any connection with aviation lest I be diverted from the main intention, namely medicine and surgery. After World War II, I decided that I had been in practice long enough and had achieved sufficiently well my intentions in the field of medicine that I could allow myself to divert a little bit so I proceeded at that time to start learning to fly and accumulated the necessary required training for first a student's license, then a private pilot li-

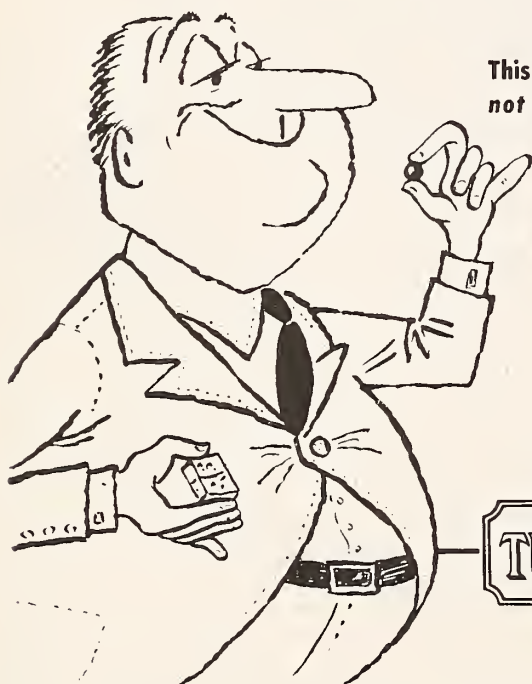
cense, commercial license single engine, commercial license multi-engine and later put in a fair number of hours in instrument flight so that I was not entirely unfamiliar with that. Since that time I've found this quite a diverting hobby which has turned out to be useful transportation for myself and family as we have flown to many medical meetings, attending them at various places by private plane. I find that photography ties in beautifully with the flying because one sees so many things that are so beautiful and interesting which people do not see otherwise. These two hobbies became co-ordinate in the same way the photography ties in usefully with still pictures and with motion pictures in surgery. One can express ideas or know what he wants to do in the way of illustrations or accomplish various other ends by means of motion picture productions to illustrate techniques which one might want to describe in surgery. There again is the useful angle of having hobbies. They are not all purely diversion. They serve many useful purposes besides relaxation for the individual concerned.

(Please turn to Page 1482)

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EXPOSED TO MUSIC

Earlier in my story I told you that my mother was an accomplished musician. As such, it was her rather natural desire that I should know something of music. She played beautifully for us at home and when we had Victrola records, they were usually records of good quality so that I was accustomed to hearing good music from an early time in my life. A good bit of time was, should I say wasted, on trying to learn to play the piano which I never learned to do more than passably. I was not "illiterate" on a piano but I certainly was not proficient. However, liking to hear music and having normal good ears, my interest did not end at that point. At various times I was exposed to various musical influences.

One item which we picked up was a World War I war-surplus baritone saxophone which I learned to play with a fair proficiency and considerable amusement. Then later I found a friend in school, an Hawaiian, who played the steel guitar on Keith's vaudeville circuit in the summertime to make his way through school and from him I learned to play that particular instrument passably. Then another friend increased my interest in woodwind instruments to the extent that I learned to play a clarinet a bit and an oboe slightly, in addition to the saxophone.

The interest in music persists. I have fun with it but the proficiency is not very great as the

opportunities for practice have not been great either, as you can readily see from the pre-occupations in these other activities. None the less, this still provides some diversion. At times I can amuse myself slightly at the piano or saxophone and I always enjoy hearing good music of any kind and have much greater appreciation of it because of the fact that not being too expert myself, I can appreciate the greater proficiency of those who do well in this field.

LIFE CAN BE FUN

These all add up to a lot of activity and a multiplicity of interests. Add to those which we've discussed, the normal amount of activity which a citizen of the community likes to put forth in his community, in his church, in his service clubs and the normal amount of activity he applies to his medical organizations and then top it all off with the picture of a man whose *major* hobby is his *vocation*, namely surgery. That makes a picture of one man's existence which he enjoys, which he feels is worthwhile and profitable. That's why he says there is no excuse for being bored and that he has "more hobbies than a hound dog has fleas." Truly hobbies add a great deal to one's life and interest. They are worth-while. They help keep one enthusiastic about living! If one wants to have an interesting life *take* an interest *in* it. When you find a subject about which you know nothing, investigate it; spend a few hours in reading until you know "what it's about." Try it sometime. I recommend it for real fun!



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Second Observance of Farm-City Week Scheduled for November 16-22

STATE AND COUNTY medical societies are being urged to support Farm-City Week recently proclaimed for November 16-22 by President Eisenhower.

The medical profession has a responsibility in fostering this special week, since the A.M.A. was one of a few organizations which, three years ago, tackled the problem of "building better relationships between town and country neighbors"—the goal of Farm-City Week.

Today there are over 400 civic, industrial, agricultural, commercial, and professional organizations supporting Farm-City Week under the banner of the National Farm-City Week Committee.

Kiwanis International is acting as coordinating agency and most of its 4,100 clubs through-

out the country are spearheading the local committees, on which membership has been reserved for medical society representatives.

Specifically, this "educational" week is planned to help reduce the area of misunderstanding between the urban and rural populations.

Physicians can help their fellow citizens understand mutual farm-city problems by offering their assistance to local Kiwanis clubs in planning community activities for that week.

Last year the first observance of Farm-City Week had over a quarter of a million persons working to put over the national and local programs. It was one of the outstanding civic project successes in 1955, and the Freedoms Foundation at Valley Forge awarded the sponsoring committee, of which the A.M.A. is a member, its Distinguished Service Medal.

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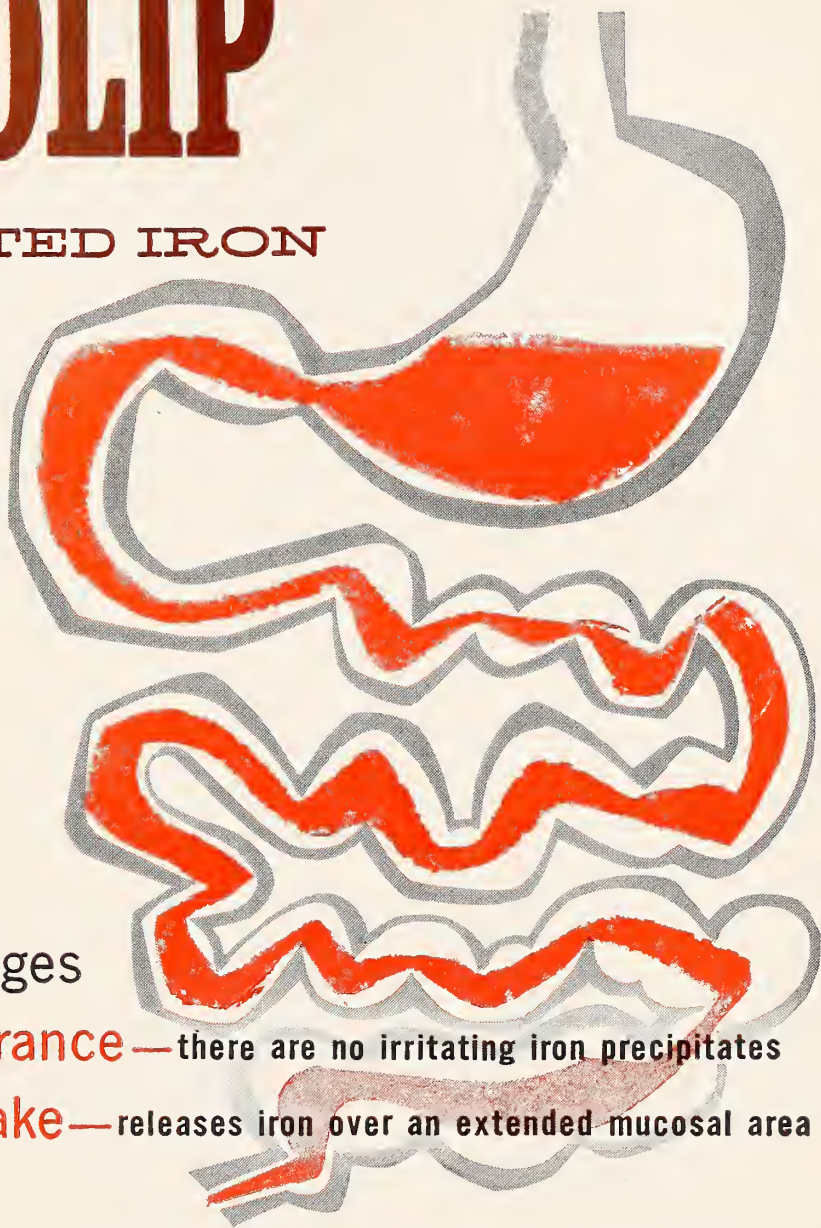
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Deaths . . .

Emerson Barnum, M.D., 73, retired Shelbyville physician, died in his home September 28. He had been in failing health for several months.

Dr. Barnum, who had practiced medicine for 52 years, was a native of Manilla and lived there until he established his home and practice in Shelbyville 14 years ago. He was a graduate of the Medical College of Indiana in 1904 and later did postgraduate work in New York. He served as a first lieutenant during World War I.

Dr. Barnum was a member of the Shelby County Medical Society and Indiana State and American Medical Associations. He was a member of the Fifty Year Club of Indiana State Medical Association.

Clement L. Canada, M.D., who was on the staff of Logansport State Hospital for many years, died September 22 following a five-year illness. He was 76.

Dr. Canada was a native of Winchester, a 1904 graduate of the Medical College of Indiana, and served for a long period as a Pennsylvania Railroad physician. He lived in Indianapolis for 15 years and had also resided in Rushville, Richmond and Fort Wayne. He was a former member of Indiana State Medical Association.

Iona Schultz Clayton, M.D., 71, who formerly practiced in Delphi with her father, Dr. J. J. Schultz, died September 15 in Arkansas City, Kansas, where she had been in practice for more than 20 years.

Dr. Clayton was a native of Delphi and a 1930 graduate of the University of Illinois College of Medicine. She was a former member of Carroll County Medical Society and Indiana State Medical Association.

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NEWS NOTES — from State and Nation

Revised List of Films Issued by AMA Includes Scientific and Health Topics

A revised list of films available through the A.M.A. motion picture library has been prepared and copies are available upon request from Motion Pictures and Medical Television of the American Medical Association. This catalog lists 89 medical films suitable for showing to medical societies, hospital staff meetings and other scientific groups. The catalog also includes 45 health films of interest to physicians who may be called upon to speak before lay audiences such as service organizations, Parent-Teachers' Associations, etc.

A traineeship grant of \$5,374 has been made to the Indiana University School of Education, Division of Nursing Education, by the U. S.

Public Health Service. This is a part of a new public health training program which was authorized by Congress last July 23. One hundred thirty nurses are being trained for public health nursing positions through grants to 32 schools of nursing. Most of the trainees will be employed in state and local health departments.

The next scheduled examinations (Part I) written and review of case histories for all **candidates for certification** by the American Board of Obstetrics and Gynecology will be held in various cities of the United States, Canada, and military centers outside the continental United States, on February 1, 1957.

Candidates must submit case reports to the office of the Secretary within 30 days of being notified of their eligibility to Part I. Requests for re-examination in Part II must be received



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The ataractic effect is a central neuro-relaxing action — the result of a marked cerebral specificity — free of mental fogging and devoid of any major complications: no liver, blood or brain damage. This peace-of-mind component is also used in the lowest dosage range.

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prior to February 1, 1957. Current bulletins may be obtained by writing to Robert L. Faulkner, M.D., Secretary, American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

Dr. Frank Hogle, who recently completed a year's residency at Norways Foundation Hospital, Indianapolis, accepted a position as assistant superintendent of Logansport State Hospital September 1. He had previously served as resident physician and staff psychiatrist at the state institution before his Norways residency.

The United States Atomic Energy Commission has announced a **grant of \$6,400** to the Purdue Research Foundation for research on the physiology of hydrogen bacteria. Henry Koffler and D. M. Powelson will be in charge of the investigation. This is one of 48 life science research contracts made by the commission with universities and private institutions to assist and foster research and development in fields related to atomic energy.

The American Congress of Physical Medicine and Rehabilitation at its annual meeting in Atlantic City made an award of \$200 to **Dr. Russell L. May** for his essay, "A Method for Recording the Progress of Scoliosis and Other Trunk Deformities with a Review of Previously Suggested Methods." Dr. May, a graduate of Vanderbilt University, is now serving a rotating internship at Indiana University Medical Center, Indianapolis.

Indiana was represented at the dedication of the new national headquarters building of the Academy of General Practice in Kansas City by Drs. Norman R. Booher, A. Alan Fischer and Lester D. Bibler, all of Indianapolis; and Bernard E. Edwards, South Bend. The ceremony took place on September 1.

Dr. George M. Cook, 5231 Hohman Avenue, Hammond, has announced plans to retire during the fall and will move to Lake Worth, Florida, for residence. Dr. Cook is a former member of the Editorial Board of The JOURNAL of the Indiana State Medical Association.



'Thorazine' relieved this patient's anxiety, tension and fear and made it possible for him to return to work.

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Postdoctoral Fellowships in Variety of Fields Offered

December 1 is the deadline this calendar year for submitting applications to the National Foundation for Infantile Paralysis for postdoctoral fellowships. Applications submitted before that date will be considered by the appropriate National Foundation Fellowship Committee in February.

Postdoctoral fellowships are available (a) in rehabilitation, either the concept and basic techniques applied to specialized fields in medicine, or for preparation in the specialty of physical medicine and rehabilitation; (b) in psychiatry; (c) in orthopedics; (d) in the management of poliomyelitis; (e) in preventive medicine; (f) for postdoctoral training in research and/or academic medicine.

In addition to a monthly stipend which varies from \$3,600 to \$6,000 annually according to the individual needs and marital status of the applicant, the National Foundation arranges for compensation to the institution according to the pro-

gram undertaken. For a full academic program, tuition and fees are paid; for other programs, a sum not to exceed \$1,250 per year including tuition. Partial fellowships are available for qualified veterans to supplement G.I. educational benefits.

The next deadline for applications will be March 1 for consideration in May.

For further information write the Division of Professional Education, National Foundation for Infantile Paralysis, 120 Broadway, New York City, New York.

Dr. Samuel Geller, who practiced in Owensville, Gibson County, for five years before entering service in 1954, has returned there to re-establish his practice. He will have offices in the same building he previously occupied and has purchased a building at 113-115 Main Street, where he will build a medical clinic later. Dr. and Mrs. Geller and their three children will reside at their home west of Owensville.

Dr. Philip W. Hedrick, Indianapolis pediatrician, has been re-elected president of the Marion County Society for Crippled Children and Adults.

Dr. James R. Mathews, who recently completed a residency at Henry Ford Hospital, Detroit, is now associated with Dr. Keith Meyer in the practice of radiology at 118 S. E. First Street, Evansville. He is a certified radiologist. Dr. Mathews, a native of Cincinnati and graduate of the University of Cincinnati School of Medicine in 1950, served in the Naval Air Force. Dr. and Mrs. Mathews and their four daughters are making their home at 224 South Spring Street, Evansville.

Dr. Sylvan H. Perlov, graduate of Indiana University School of Medicine, has opened an office at 5505 North Keystone, Indianapolis, where he will specialize in pediatrics. Dr. Perlov is a veteran, served his internship at Brooklyn Jewish Hospital, and had postgraduate training at Willard Parker Hospital, New York, Cincinnati Children's Hospital, and at Riley Hospital, Indianapolis. Dr. and Mrs. Perlov and their two

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children live at 8650 Washington Boulevard, Indianapolis.

Dr. Martin E. Feferman has returned to practice as a neurological surgeon in the Sherland Building, Room 520, South Bend, after two years' service in the army. During much of that time he was chief of the neurological surgery section, Walter Reed Hospital, Washington, D. C.

Dr. Leon T. Bogmenko, Holland, has returned to his office after attending the Psychiatric Congress and Clinic. He was in New York and Boston during his absence.

Hammond Medical Clinic to Be Completed by January 1

The modern brick and stone Hammond Medical Clinic at 169th Street and Hohman Avenue in Hammond will be completed by January 1, 1957, its owners announced recently. The clinic, with space already leased, will provide x-ray, laboratory and minor surgery facilities, as well as 20 consultation rooms and a pharmacy. Off-street parking for 60 cars is provided.

The same corporation plans to build a dental clinic adjacent to the medical clinic at a later date.

Dr. H. M. Banks Named Methodist Research Pathologist

Dr. H. M. Banks, chief pathologist and director of Methodist Hospital laboratories in Indianapolis since 1927, has been named research pathologist for the hospital and has moved into new quarters at 1751 Boulevard Place, where he will have his offices and laboratory.

During Dr. Bank's long tenure he has seen the hospital's small laboratory, with a staff of eight housed in one room, grow to the present School of Medical Technology with a personnel of 155. In 1955 laboratory examinations there passed the half-million mark.

In addition to his work in the hospital, Dr. Banks has been active in medical organizations. He was a founding fellow of the American College of Pathologists.

Dr. J. L. Penisten to Head Pitman-Moore Department

Dr. J. L. Penisten, who has been with Pitman-Moore Company, Indianapolis, for the last two years, has been named head of the tissue culture department, an announcement by Dr. S. R. Bozeman, director of the firm's biological laboratories, discloses. Work of the tissue culture department includes production of Salk poliomyelitis vaccine.

Before coming to Indiana, Dr. Penisten was a member of the research staff of Cudahy Pharmaceutical Research Laboratory in Wichita, Kansas, a graduate and resident assistant in bacteriology at Kansas State University, and an instructor at the University of Wichita. He is a native of Missouri and received his degrees from Kansas State University.

Dr. John D. Miller, who had served as assistant superintendent of Sunnyside Sanitarium since 1953, has been named superintendent of the Marion County tuberculosis hospital. Dr. Miller is a native of North Manchester and a graduate of Indiana University School of Medicine.

Grant County Professional Men Have Joint Outing

Marion doctors, dentists, attorneys, and accountants held their annual outing September 26 at the Meshingomesia Country Club. Golf, fly-casting and other sports contests were on the afternoon program.

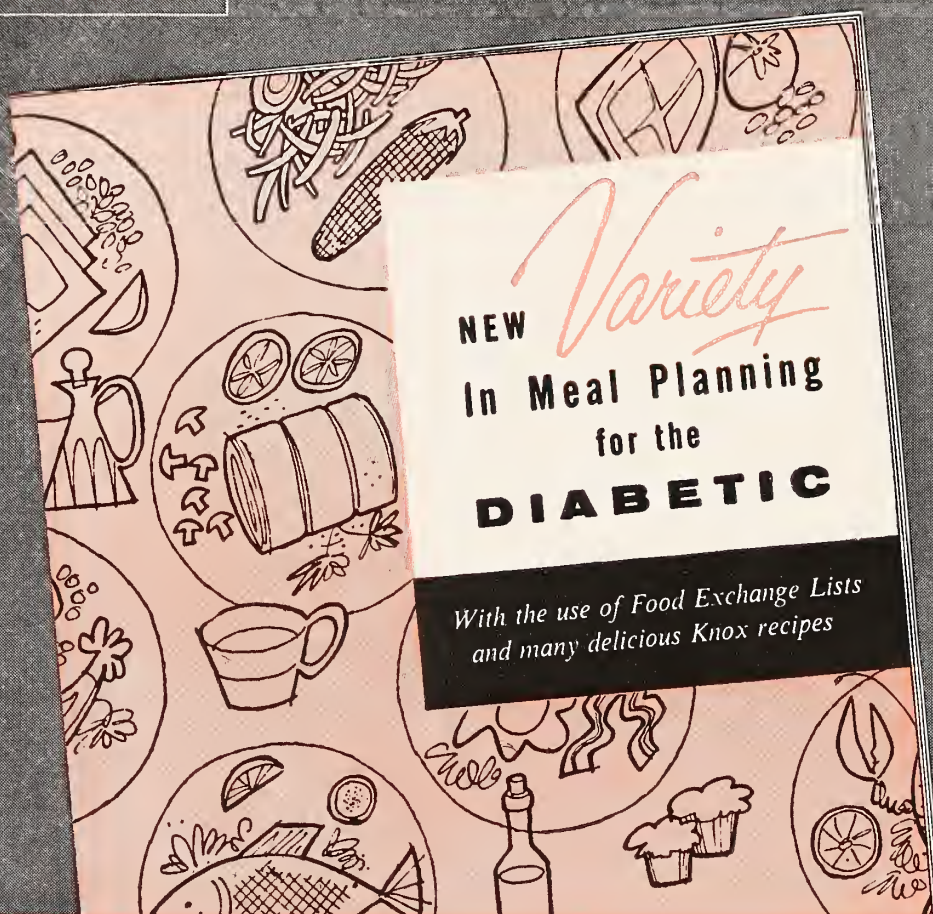
Speaker for the dinner meeting in the evening was Albert Stump, Indianapolis, an attorney for the Indiana State Medical Association, who was introduced by Alfred Hogston, attorney.

Dr. Max Long was general chairman of the committee arranging the outing and Dr. John G. Rhorer served as program chairman.

Dr. Thomas C. Moore, Muncie, discussed "Nursing Care of the Patient with Cardiac Surgery" before a section meeting of private duty nurses during the 52nd annual meeting of the Indiana State Nurses' Association October 18-20 in Indianapolis. Nursing service administrators,

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Although more than 50% of diabetics can be managed with proper diet, continued success is dependent upon proper motivation of patients. Determination to abide by dietary restrictions is also important for the diabetic being managed with insulin.

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"New Variety in Meal Planning" makes no attempt to prescribe a system of treatment. It shows how the recipes described may be used to good

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educators and industrial nurses heard Wilbur Penberthy, Federal narcotic agent, speak on the narcotic problem as it affects nurses.

Indianapolis Methodist Hospital Announces Staff Additions

Dr. Merle S. Bacastow, who had been in the private practice of medicine in Worcester, Massachusetts since 1950, has become the full-time director of medical education at Methodist Hospital, Indianapolis. He is a graduate of University of Pennsylvania School of Medicine and received graduate training at Lankenau Hospital, Philadelphia, and Worcester City Hospital. Dr. and Mrs. Bacastow and their two daughters are making their home at 1705 East 81st Street, Indianapolis.

Dr. Lester H. Hoyt, who has been on the Methodist staff since 1943, has become chief pathologist and director of laboratories. He is a graduate of University of Iowa School of Medicine and served his residencies at Method-

ist, Indianapolis, and Henry Ford Hospital, Detroit.

Dr. William W. Hurteau, who has been chief of service, department of pathology, St. Joseph's Hospital, Memphis, Tennessee and on the faculty of the University of Tennessee, has joined the laboratory staff and will serve chiefly in the anatomical pathology department.

Indiana Doctors Participate in Fall Cancer Society Meetings

Programs for three area and a statewide meeting of the Indiana Cancer Society contain the names of several physicians who will participate in the meetings. Included are Drs. David A. Bickel, South Bend; Philip T. Holland, Bloomington; Russell Malcolm, Richmond, the president of the Indiana Division; Don D. Bowers, Indianapolis; Wendell C. Anderson, Indiana State Board of Health; Anthony Pizzo, Bloomington; and Robert P. Acher, Greensburg.

School Health Conference Theme Is "Mental Health"

Hanover College was host to a School Health Conference on October 3. The program was planned around the general theme, "Mental Health—What Can We Contribute?"

Sponsors for the meeting, which was attended by more than 100 persons, were Hanover College, the Indiana State Board of Health, Indiana State Department of Public Instruction, Indiana State Medical Association, Indiana State Dental Association, Indiana Congress of Parents and Teachers, Indiana State Nurses Association and the Indiana Tuberculosis Association. Chairman of the Planning Committee was Raymond Struck of the Hanover faculty. Robert J. Amick, field secretary, represented the ISMA on the committee.

Physicians who participated in the program were Drs. Martha O'Malley, director, Division of Hospital Service, Indiana State Board of Health; Dr. Verne K. Harvey, Jr., director, Division of Maternal and Child Health, Indiana State Board of Health; and Dr. John I. Nurnberger, chairman, Department of Psychiatry, Indiana University Medical Center.

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**Tenth Annual Fall Clinical
Conference Held at Bluffton**

Physicians from the Tri-State area attended the 10th annual Fall Clinical Conference held in Bluffton at the Bluffton Country Club October 3 under the auspices of the Wells County Medical Society.

The conference was called to order at 1:30 p.m. by Dr. Jack L. Eisaman, president of the society.

Dr. H. William Clatworthy, associate professor of pediatric surgery, Ohio State University College of Medicine, and chief of the Pediatric Surgery Department, The Children's Hospital, Columbus, was the first speaker. His topic was "Hernias and Hydroceles in Infants and Children."

"The Use and Abuse of New Drugs for Emotional Disorders" was discussed by the second speaker, Dr. W. Donald Ross, associate professor of psychiatry and assistant professor of industrial medicine, University of Cincinnati. Dr. Ross is also attending psychiatrist at Cincinnati

General Hospital, and consulting psychiatrist at the VA Hospital, Cincinnati.

Dr. Charles P. McCartney, associate professor of obstetrics and gynecology, University of Chicago, and attending obstetrician and gynecologist at Chicago Lying-in Hospital, was the third speaker. He talked on "Current Management of the Toxemias of Pregnancy."

Indiana was represented by Dr. Robert J. Rohn, director of hematology research, and associate professor, Department of Medicine, Indiana University Medical Center, whose paper was on "The 'Third' Chronic Leukemia—Its Recognition and Management."

The final speaker on the afternoon program was Dr. Earl E. Barth, professor of radiology, Northwestern University Medical School, who spoke on "The Roentgen Aspects of the Lymphomas and Blood Dyscrasias."

At the dinner, Dr. Eisaman extended a welcome to the guests and introduced Dr. Elton R. Clarke, Kokomo, president-elect of the Indiana State Medical Association. Dr. Clarke talked on "Affairs of the State Association" and was substituting for Dr. W. U. Kennedy, New Castle, ISMA president, who was unable to attend because of illness.

Final speaker on the scientific program was Dr. Herman K. Hellerstein, assistant professor of medicine, Western Reserve University, Cleveland, and director of the Work Classification Clinic of the Cleveland Area Heart Society. His topic was "Determining the Work Capacity of the Cardiac."

**Surgical Forum at ACS Congress
Conducted by Dr. H. B. Shumacker**

One of the most popular features of the Clinical Congress of the American College of Surgeons in recent years has been the Forum on Fundamental Surgical Problems. The forum was conducted this year by Dr. Harris B. Shumacker, Jr., Indianapolis, during the ACS meeting October 8-12 in San Francisco.

Emphasis was on surgical research by younger men in the profession, with 241 papers presented describing results of research in many fields of surgery.

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HARD-TO-KILL TRICHOMONADS

EXPLODE

WITHIN 15 SECONDS' CONTACT
WITH VAGISEC LIQUID

WITH THE Davis technique,[†] using VAGISEC® liquid and jelly, flare-ups of vaginal trichomoniasis rarely occur. VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.¹ Better than 90 per cent apparent cures follow use of this new trichomonacide,² developed as "Carlendacide" by Dr. Carl Henry Davis, noted gynecologist and author, and C. G. Grand, research physiologist.³

No trichomonad escapes—The overwhelming action of VAGISEC liquid dooms the trichomonad. One chelating agent and two surface-acting agents combine in attack to weaken the cell membrane, to remove waxes and lipid materials from the membrane surface, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

No other agent or combination of agents kills the trichomonad in this specific fashion or with the *speed* of VAGISEC liquid.³ When the patient uses VAGISEC jelly as well—the recommended routine—these good effects continue indefinitely.⁴

Reaches hidden trichomonads—Unlike many agents, VAGISEC liquid thoroughly penetrates and dissolves the cellular debris and mucoid material lining the vaginal surface.³ It reaches hidden trichomonads—often the cause of treatment failure—as well as parasites swimming freely in the canal.

The Davis technique—Office therapy with VAGISEC liquid is combined with home treatment. Both liquid and jelly are prescribed.

OFFICE TREATMENT—Wipe vaginal walls dry with cotton balls, then wash thoroughly for about three minutes with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton balls. Dr. Davis recommends three treatments the first week, two the second and one the third.

HOME TREATMENT—Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual periods, but omitted on office treatment days. Douching is contraindicated in pregnancy.

Husband re-infects wife—Since "trichomonads may be passed from the infected male to the uninfected partner during coitus,"⁵ prevent re-infection by recommending the use of prophylactics. Specify RAMSES®, the finest possible rubber prophylactic, transparent, very thin yet strong; or XXXX (FOUREX)® skins, of natural animal membrane—pre-moistened. Your prescription of one of these brands insures the protection afforded by Schmid quality prophylactics and assures full acceptance of your regimen. At all pharmacies.

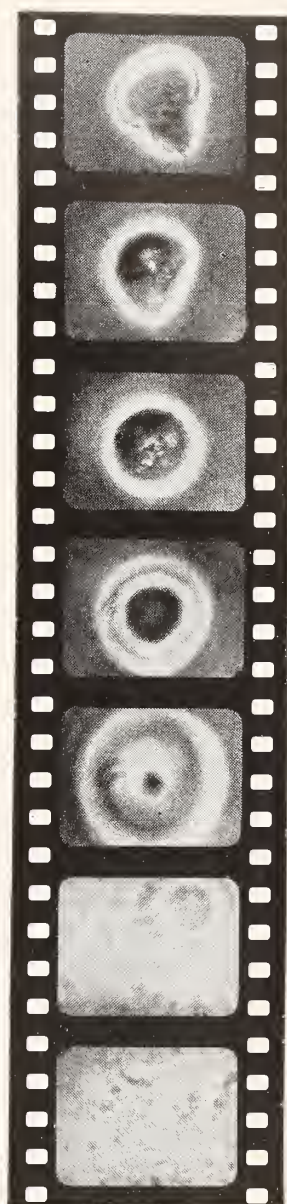
Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

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Top to bottom:

- 2 sec. CONTACTS
- 4 sec. COMPLEXES
- 6 sec. DISSOLVES
- 8 sec. DENATURES
- 10 sec. SWELLS
- 15 sec. EXPLODES
- 16 sec. SCATTERS

References: 1. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955. 2. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955. 3. Davis, C. H., and Grand, C. G.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, Md., W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Draper, J. W.: Internat. Rec. Med. 168:563 (Sept.) 1955.

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Rheumatoid spondylitis
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(Ascorbic Acid present as 60 mg. Sodium Ascorbate.)

..... dried aluminum hydroxide gel minimizes the
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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

September 12, 1956

Roll call showed the following present: James W. Denny, M.D., chairman; E. H. Clauser, M.D.; W. U. Kennedy, M.D.; Elton R. Clarke, M.D.; O. W. Sicks, M.D.

Albert Stump, attorney; James A. Waggener, executive secretary.

Membership Report

Number of members September 15, 1956 4,022*
Numbers of members September 15, 1955 3,920
Gain over last year 102
Number of members December 31, 1955 3,975

* Includes 91 in military service (gratis)

136—\$10.00 members (residents and interns)

288—senior members

74—members, dues remitted by Council

2—honorary members

Number who have paid AMA dues:

September, 1956 3,819**

September, 1955 3,731

Gain 88

** Includes 628 exempt members (gratis)

393 exempt prior to January 1, 1956;

235 exempt so far this year.

203—1956 ISMA members are delinquent in payment of 1956 AMA dues.

Statements of Receipts and Expenditures for August for the Association and for July and August for THE JOURNAL were approved.

Headquarters Office

The secretary reported on the new film which the AMA is requesting the state associations to purchase prints of, entitled, "The Case of the Doubting Doctor." Upon motion of Drs. Clarke and Clauser the Association was instructed to buy one print.

On motion of Drs. Sicks and Clarke the secretary was instructed to purchase new lighting fixtures for the headquarters office and to install acoustical ceilings.

The secretary reported on both of the field secretaries and their activities during the past weeks, continuing their contacts with candidates for the legislature, contacting county society members who are not members of the AMA, and making arrangements for showing the film, "The Case of the Doubting Doctor."

Treasurer's Office

The treasurer asked permission to invest \$3,000.00 from the Medical Defense Fund in 90-day Treasury Bills, which was approved by consent.

Legislative Matters

The secretary informed the committee that a law had been proposed to place an income tax on the residents of the State of Indiana which would operate similar to the Federal income tax law, that the Welfare Department would back a total and permanent disability bill in the coming session of the legislature, and that labor was definitely going to come in with a new bill on workmen's compensation.

Annual Convention, Indianapolis, October 16, 17 and 18, 1956:

By consent it was agreed that the Association would hold an entertainment program for the women in the exhibits at the same time the stag party is held.

On motion of Drs. Clauser and Sicks the secretary was instructed to work out whatever he thought best for gifts for the exhibitors.

On motion of Drs. Clarke and Clauser the secretary was instructed to spend up to \$1,000 for gifts to be awarded on a similar basis as in past years for physicians visiting the exhibits. It was suggested that requirement for eligibility for the drawing be that a physician visit at least ninety booths rather than the total 117 booths.

The secretary reported that the general arrangements chairman had requested a clarification of the Council action in the discussion of door prizes for the annual banquet. The secretary was instructed to discuss this matter further with the convention arrangements chairman and suggest rather than spending large sums of money for prizes for the golf tournament and trap and skeet shoot, that they consider instituting a revolving trophy as an award for these events and take the money normally spent for other prizes and use it for door prizes for the banquet.

Organization Matters

The secretary presented a memorandum on covering the loan of \$1,000.00 authorized by the Council at its meeting on August 5, 1956, to the North Central District Blood Bank Clearing House. This was approved on motion of Drs. Kennedy and Clauser.

Letter from Dr. Eleanor Payne Cheydleur in which she recommended that for the purpose of implementing the provisions of permanent and total disability under the expanded Social Security Law,

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DONALD H. KENNEDY, *Executive Director*

that panels of physicians be organized at county or regional levels for the purpose of certifying the degree of disability rather than leaving this to the responsibility of a single physician. Upon motion of Drs. Clauser and Clarke, the secretary was instructed to write Dr. Cheydleur thanking her for her worthwhile suggestion, and also to write the AMA making the same recommendation and to prepare a memorandum to county societies suggesting that they institute such committees.

The secretary called attention to the fact that the Council had authorized special recognition be made during the convention of Dr. Dwight Murray's elevation to the presidency of the AMA and the elevation of Dr. F. S. Crockett of Lafayette to the vice-presidency of the AMA. Upon motion of Drs. Clauser and Clarke the Executive Committee voted to recommend to the House of Delegates that they confer honorary membership upon these men and that suitable plaques be prepared for presentation.

Upon motion of Drs. Kennedy and Clarke the secretary was instructed to investigate to see if a similar award had ever been made to Dr. Sensenich as a result of his serving as president of the AMA in 1948, and, if not, that the Executive Committee recommend that the House of Delegates also confer honorary membership on Dr. Sensenich and an appropriate plaque be prepared for presentation at the annual convention.

The secretary presented a report of his attendance at the meeting of the technical advisory group on PL 569 on August 22 and 23, specifically calling attention to the proposal he had made to the Department of Defense to permit Indiana physicians to work without a rigid fee schedule, and informing the Executive Committee that the Department of Defense had agreed to let Indiana serve as a test area for this theory. The secretary requested that the committee approve or disapprove this suggestion and that he be instructed as to any suggestions he should carry to the next meeting of the Advisory Committee.

Upon motion of Drs. Kennedy and Sicks, the secretary was complimented for making the suggestion and the recommendation was approved, the secretary being instructed to pursue this to a successful conclusion.

The Journal

Report on advertising was approved by consent:

Total advertising, August, 1956	\$3,576.07
Total advertising, August, 1955	3,091.47
Net gain	\$ 484.60

Medical Defense

The secretary called attention of the committee to the fact that under the Bylaws the committee is charged with the responsibility of determining attorneys' fees and arranging a contract with the

attorney prior to his beginning services in defense of a member. By consent the secretary was instructed to ask the local attorneys to submit a schedule of fees covering their services in these cases for the Association's approval.

There being no further business the committee adjourned to meet again on Monday, October 15, 1956, at 12 noon, in the Conference Room of the Student Union Building, Indiana University Medical Center.

JOINT MEETING OF EXECUTIVE COMMITTEE OF THE INDIANA STATE MEDICAL ASSOCIATION WITH BLUE SHIELD

September 12, 1956

The Executive Committee of the Indiana State Medical Association convened at 7:00 p.m. with the Executive Committee of Mutual Medical Insurance, Inc., for the purpose of discussing the action of the Association in requesting Blue Shield to act as fiscal agent in administration of PL 569 in the State of Indiana.

Members of the Blue Shield Executive Committee in attendance were:

- W. U. Kennedy, M.D.
- Walter L. Portteus, M.D.
- Glen V. Ryan, M.D.
- Jack E. Pilcher, M.D.
- Wemple Dodds, M.D.
- R. S. Saylor, executive vice-president
- Richard Kilbourn

The secretary read section by section the proposal of a contract which had been prepared by Mr. Albert Stump, said contract being proposed as the one to be implemented between the federal government and the Association. Each section was discussed and suggestions were made for changing the terminology, and upon motion of Drs. Clarke and Clauser the committee approved the amended contract in principle, and it was suggested that the secretary use this as a basis for discussion on the various points that should be included in any contract between the government and the Association.

At this time it was pointed out that the present thinking of the government is that there should be only one contract with any one organization within a state. Therefore, it was agreed that if this is the case that the Association's Executive Committee will follow the instructions of the Council and contract with the government in behalf of the Association, and in turn subcontract or employ Mutual Medical Insurance, Inc., to administer this program under the direction of the Association.

There being no further business the meeting was adjourned.



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District Meeting Reports

Almost 100 physicians from Posey, Vanderburgh, Warrick, Gibson, Spencer and Perry counties attended the **First District Medical Society** meeting September 20 in the country home of Dr. William B. Challman, near North Vernon. Sixty-seven members were present for the afternoon meeting and dinner, served by a North Vernon cateress. Others came for the evening meeting which was highlighted by a "look at the stars."

Dr. Challman is an amateur astronomer and had arranged for a special program presented by Dr. Armond Spitz, Philadelphia, who is in charge of Visual Satellite Observation by the Smithsonian Astrophysical Observatory at Cambridge, Massachusetts. Dr. Spitz is coordinating teams all over the United States which will watch for the satellites to be launched into space next year during the International Geophysical Year which begins July 1. The satellite will be visible only at twilight and will require but 5 or 6 minutes to cross the United States at a speed of 18,000 miles per hour, the speaker said.

Physicians viewed the heavens through telescopes furnished by the host and several other amateur astronomers.

The close association of astronomy with other sciences, including medicine, was emphasized by Dr. Spitz, who pointed out that nuclear energy was pioneered through astronomy and that helium was known to exist on the sun long before it was utilized.

Following the program a business meeting was held with Dr. C. C. Young presiding. Dr. W. U. Kennedy, president of the Indiana State Medical Association, was introduced and spoke on current medical economic problems and legislative matters. James A. Waggener, ISMA executive secretary, discussed pending legislation and the implementation of the Medicare program. L. E. Converse, professional relations representative for Blue Shield, also spoke briefly on the Blue Shield program in Indiana.

In a general discussion of legislative programs which will affect the medical profession, it was suggested that rotating screening boards be set up to handle examinations of applicants for Social Security disability benefits.

Dr. Minor Miller, Evansville, announced that he would not seek reelection as First District Councilor and nominated Dr. William B. Challman, who was elected unanimously. Dr. P. J. V. Corcoran, Evansville, was elected alternate councilor, and Dr. James F. Peck, Princeton, was elected president of the district society. Other officers named were Dr. William C. Fisher, Evansville, vice-president, and Dr. Lawrence Daves, Evansville, secretary-treasurer. All were elected by unanimous vote.

Dr. Young announced that Arthur P. Tiernan, executive secretary of the Vanderburgh County Medical Society, had agreed to serve as executive secretary of the district society without salary if approved by the Vanderburgh society.

The **Seventh District Medical Society** held the annual fall meeting September 26 in the Franklin Country Club with 119 physicians, wives and guests attending the afternoon and evening affair.

Bridge in the clubhouse was enjoyed by the women during the afternoon. Mrs. A. T. Chapel, Franklin, was chairman.

Dr. Arthur W. Records, Franklin, was chairman of the program for physicians, who spent the afternoon on the golf course.

At the business meeting preceding dinner, Dr. Joseph F. Ferrara, Franklin, the retiring district president, presided. Dr. Malcolm O. Scamahorn, Pittsboro, was named president-elect; Dr. Records was reelected secretary-treasurer, and Dr. Ralph V. Everly, Indianapolis, was elected councilor. Dr. T. V. Petranoff, Indianapolis, is president for the ensuing year.

Dinner was served at the Franklin College Student Union building. Oliver Field, director of the American Medical Association's Bureau of Investigation, was the after-dinner speaker. He told something of the history of quackery as it has been exposed through the years and concluded his talk with the admonition that quacks now concentrate on trapping the unwary into buying spurious "cancer cures."

Dr. and Mrs. Walter U. Kennedy, New Castle, Dr. and Mrs. Elton R. Clarke, Kokomo, and Dr. and Mrs. J. E. Dudding, Hope, were special guests.

Officers for the coming year were elected at the **Tenth District Medical Society** meeting, held September 12 in Whiting in conjunction with an IAGP Road Show.

Dr. J. P. Vye, Gary, was reelected councilor; and Dr. R. C. Eades, Valparaiso, elected alternate councilor.

Dr. E. J. DeGrazia, Valparaiso, was elected president of the district society and Dr. William C. Robertson, Chesterton, was named secretary.

The ninety-eighth semi-annual meeting of the **Eleventh District Medical Society** was held in the Honeywell Memorial Center in Wabash on September 19.

At the business meeting at 1:30 p.m., Dr. Earl Bailey, Logansport, was elected president; and Dr. C. L. Wise, Camden, was reelected secretary-treasurer. Reports of officers were presented and Huntington selected as the location for the May, 1957 meeting.

The scientific program was presented at 2 p.m.

with papers presented by Dr. C. Basil Fausset, Indianapolis, and Dr. Bernard Brofman, Cleveland, guest speakers. Dr. Fausset spoke on "Subarachnoid Hemorrhage", and Dr. Brofman's topic was "Latest Concept of Coronary Disease".

Dr. and Mrs. William Dannacher entertained at a social hour in their home between 4:30 and 6:30 o'clock.

Dinner was served in the Honeywell Center with the Honorable John V. Beamer, representative in Congress from the Fifth Congressional District, as the after-dinner speaker. He discussed "Congressional Trends".

During the afternoon members of the Woman's Auxiliary enjoyed an entertaining talk presented by Mrs. Robert Harmon, Marion, winner of an International Toastmistress award. Tea was served.

The scientific program was arranged by a committee composed of Drs. R. M. LaSalle, J. F. Mills, and G. K. Balsbaugh.

Entertainment features were planned by Drs. William D. Dannacher, C. J. Elward and V. J. Hanneken.

Reports of the 107th Annual Convention
of the Indiana State Medical Association,
including Proceedings of the House of
Delegates, will be published in the
December issue of The JOURNAL.

in respiratory allergies

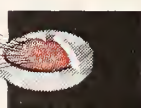
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trisilicate and
300 mg. aluminum
hydroxide gel.

Clinical evidence^{1,2,3} indicates that to augment the therapeutic advantages of prednisone and prednisolone, antacids should be *routinely* co-administered to minimize gastric distress.

References: 1. Boland, E. W., J.A.M.A. 160:613 (February 25) 1956. 2. Margolis, H. M. *et al.*, J.A.M.A. 158:454 (June 11) 1955. 3. Bollet, A. J. *et al.*, J.A.M.A. 158:459 (June 11) 1955.

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News from the County Societies

Fort Wayne (Allen County) Medical Society members at their meeting October 2 discussed resolutions to be introduced in the House of Delegates at the annual convention of the Indiana State Medical Association. Three of the proposed changes originated with Allen County members.

The business session followed a dinner meeting in the Fort Wayne Chamber of Commerce. The scientific program was presented by members of St. Joseph's Hospital staff with Dr. F. E. Sarver acting as moderator for the panel which discussed "Acute Medical Cardiovascular Emergencies." Discussants were Dr. J. W. Salton, whose topic was "Differential Diagnosis of Chest Pain"; Dr. H. W. Garton, speaking on "Acute Medical Cardiovascular Emergency Cases in Industry"; Dr. P. L. Stier, "Treatment of Acute Cardiovascular Cases"; and Dr. H. L. Murdock, "Discussion of Cases Commonly Confused with True Cardiovascular Emergencies."

"What Is Medicine?" was the title of a talk given by Dr. W. D. Inlow, Shelbyville, at a meeting of **Bartholomew-Brown County Medical Society** in the Elks Club in Columbus September 12.

Twenty-eight members attended the dinner meeting.

At the business session a gift of \$25 was designated for the Kinsey Research Foundation in appreciation of the talk given by the late Dr. Alfred C. Kinsey before the society last spring and in memory of his contribution to medical science.

Members also considered the need for a traveling psychiatric team for referral evaluations and recommendations regarding psychiatric patients.

A paper on "Adrenosen" was presented by a representative of the S. E. Massengill Company to 14 members of the **Boone County Medical Society** attending an evening meeting September 4 in the Witham Memorial Hospital, Lebanon.

At the October 2 meeting of the society in the Lebanon hospital, Dr. George Parker, Indianapolis, was the guest speaker. He discussed

"Erythroblastosis." Seventeen members were present.

Clark County Medical Society members met for dinner in the Colonial Manor in Jeffersonville on September 18 and later viewed a film on "Ano-Sigmoidoscopic Examination."

At the business meeting following the scientific program, Robert J. Amick, ISMA field secretary, made a general report on legislation and discussed resolutions which had been proposed for presentation to the ISMA House of Delegates. The 18 members attending the meeting discussed adoption of the preferred fee schedule of Blue Shield, the fee schedule for military dependents, and several of the 18 resolutions forwarded to state headquarters by the various county societies.

At an October 2 morning meeting of 12 members of the **Daviess-Martin County Medical Society** in the Daviess County Hospital in Washington, a lengthy discussion of fluoridation of water was followed by a vote rejecting the treatment of the city water supply. The ISMA field secretary discussed current medical topics, including the Medicare program for military dependents, the 1957 session of the General Assembly, the annual convention of ISMA and membership in the AMA.

L. E. Converse and R. S. Saylor of Blue Shield spoke on "Fee Schedules" before 23 members of the **Floyd County Medical Society** following a dinner meeting September 14 in the New Albany Country Club.

A film on the "Use of Sparine" was shown to six members and five guests of the **Gibson County Medical Society** at a dinner meeting in the Emerson Hotel in Princeton on September 12.

Dr. Jack G. Weinbaum, Terre Haute, outlined the organization and function of a blood bank

at the September 13 meeting of the **Greene County Medical Society**. Thirteen members attended the dinner meeting in the Freeman Greene County Hospital.

The **Jefferson-Switzerland County Medical Society** met at Paul's Steak and Chop House in Madison on October 1 with 20 members present.

They viewed the film "The Case of the Doubting Doctor" before dinner and held a business meeting later. Several items of hospital staff interest were discussed and the field secretary of ISMA made a report on the status of Medicare, the passage of HB 7225, the coming meeting of the House of Delegates of ISMA, membership in AMA and several other matters pertinent to the medical profession.

"Fractures of the Lower Extremities" was the subject of a paper presented by Dr. J. Henry Heinan, Chicago orthopedic surgeon, before members of the **LaPorte County Medical Society** on September 20.

The scientific meeting followed dinner in the Kingsbury Ordnance Plant. Thirty-five members attended.

The next meeting was to be held in the Hotel Spaulding, Michigan City, with members of the Woman's Auxiliary also attending. The date was set for October 18.

Lawrence County Medical Society members met for lunch September 5 in Dunn Memorial Hospital, Bedford. Seventeen members and four guests heard Marvin Schultz of Blue Cross discuss various aspects of insurance coverage and problems related to such coverage.

A dinner meeting at the French Lick-Sheraton Hotel was held October 2 with six members of the **Orange County Medical Society** present. A report was presented by the ISMA field secretary, followed by general discussion of several subjects of interest to the medical profession. Arrangements were made for the field secretary to show the film "The Case of the Doubting Doctor" at the December meeting of the society.

Several members of **Spencer County Medical Society** met September 25 in Rockport for luncheon with Robert J. Amick, ISMA field secretary, as a guest. Mr. Amick discussed with

the members the law providing medical care for military dependents, which will go into effect by action of the federal government on December 7. Five members were present.

Perry County Medical Society members attending a meeting September 4 in the Nursing Center at Cannelton, voted to cooperate in any way possible with the furtherance of the Science Fair program and appointed the secretary as the society's representative to contact the superintendent of schools and all high school science teachers in the county to advise them of the medical society's interest in the project. Eight members were present for the meeting.

A program on "Mental Health" was presented to the **Shelby County Medical Society** by Mrs. Wilbur Pell and David Blumenthal at a meeting in the W. S. Major Hospital, Shelbyville, on October 3. Sixteen members attended the dinner meeting.

The society later voted to participate in the annual Diabetes Detection program, discussed hospital expansion, and heard a report by the ISMA field secretary.

Twelve members attended the October 4 meeting of the **Sullivan County Medical Society** in the Sullivan Hotel in Sullivan. Following dinner, the group received a report from the field secretary of Indiana State Medical Association covering current legislation, headquarters services, the annual convention of ISMA and several other topics and answered members' questions. The meeting then became a discussion group on the local hospital situation.

Five new members were elected at the September 11 meeting of the **Vanderburgh County Medical Society** in the Hotel McCurdy. The dinner meeting was the first of the fall season.

Members received a report of Dr. William Fisher's fee schedule committee and heard a Red Cross nursing representative, Miss Mollie McGrath, explain the Red Cross Mother and Baby Care course. The talk had been arranged by the Committee on Maternal and Child Health.

New members joining the society were Drs. William R. Jernigan, Harry H. Dunham, Jack J. Pemberton, James R. Mathews and R. F. Carlson.

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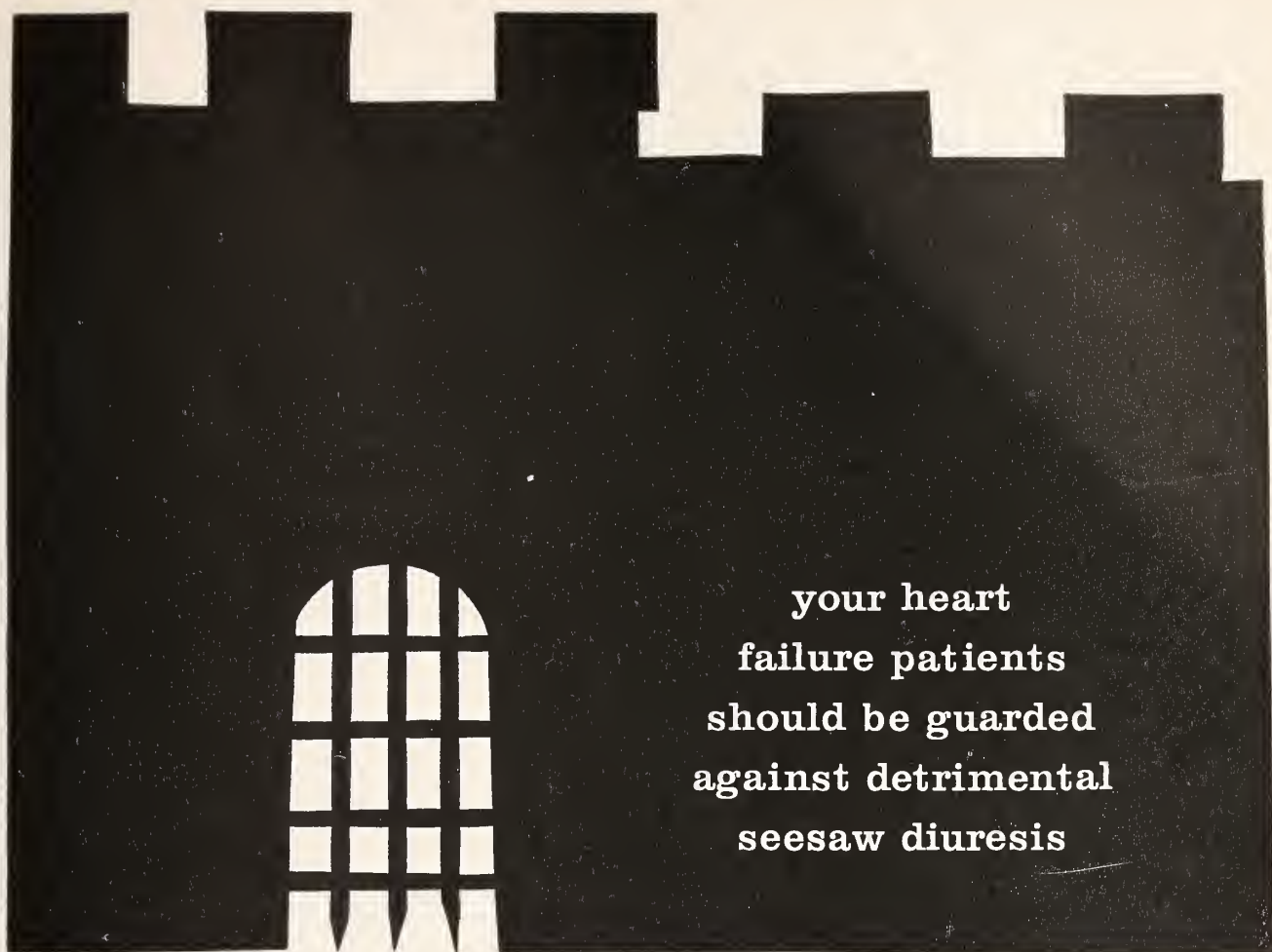
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References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

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Walter S. Priest, Associate Professor of Medicine, Northwestern University School of Medicine, Chicago.
ANTICIPATION AND MANAGEMENT OF CARDIAC DECOMPENSATION

Jessie Marmorston, Professor of Experimental Medicine, University of Southern California, Los Angeles.
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Erythrocin in treating tonsillitis and otitis externa

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DISCHARGE SUMMARY

Patient, white male, age 4, entered the clinic on 2/13/56, with a history of yellow discharge from the right ear, a fever, and sore throat of two days duration.

Temperature orally was 100°, pharynx infected, tonsils inflamed, crusted purulent material seen in right ear canal; tympanic membrane normal. Diagnosis -- tonsillitis and otitis externa.

Culture revealed Staphylococcus aureus, coagulase positive, resistant to penicillin and sensitive to erythromycin.

ERYTHROCIN (erythromycin) was started in doses of 25 mgm/kg -- 400 mgm in 4 equally divided doses.

After 24 hours of therapy, patient was afebrile and comfortable. T=99.6. Throat slightly infected. Secretions in ear canal were dry and both tympanic membranes were normal.

Culture on 2/15 showed no coagulase positive staphylococci or other pathogens. On 2/22, follow-up exam showed him to be completely asymptomatic and free of unusual physical findings. The drug was stopped at this time.

Final Diagnosis: tonsillitis and otitis externa due to Staphylococcus aureus.

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1. Herrell, W. E., Erythromycin, Antibiotics Monographs, No. 1, p. 29, New York, Medical Encyclopedia, Inc., 1955.

Idem p. 30.

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Sixteen additional inquiries have been received from doctors who are interested in Indiana opportunities. This list has been mailed to each community on record as still seeking physicians and is published here with complete addresses to expedite contact with these physicians.

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This summary of what is happening in Washington is prepared by A.M.A.'s capitol office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—Federal health and medical spending for all agencies of government this fiscal year is expected to reach a new high peak. The total is placed at \$2,558,719,168, an increase of nearly 13% over the last fiscal year, which itself set a new record.

The spending is spread among 21 departments, agencies and commissions concerned in whole or in part with health or medicine. They range from an impressive \$825,024,300 for the Veterans Administration to a small sum of \$12,145 for running the Office of the Attending Physician of Congress.

In between is a broad range of health and medical activities, including money for implementing the many health programs inaugurated by the 84th Congress. The totals are compiled each year by the American Medical Association's Washington Office. The report, the only consolidated Federal medical budget published, is based on actual appropriations by Congress and program data supplied by the federal agencies.

The medical budget total, divided into cost for each man, woman and child in the country, amounts to \$15.17 a year, while each family in the U. S. will be paying \$54.61 for this spending, based on Census Bureau figures for population, family size and employment.

Compared with last year's spending, the Defense Department has dropped to second place with its spending estimated at \$790,105,000, thus giving way to the VA. The Defense Department shift from the top spending spot, despite a \$41 million item for the new dependents' medical care program, is due primarily to more effective joint utilization of facilities, fewer personnel assigned to operation and a planned drop in hospital and dispensary construction.

Department of Health, Education, and Welfare spending for the year ending next

July 1 amounts to \$772,661,800, which puts that agency's total within striking distance of the two top spenders in the health-medical field. Compared with last year's \$526,935,400, HEW spending this year is up a resounding 46%, due in part to more Hill-Burton hospital construction money, record research funds, and permanent and total disability payments.

Following is a table of spending by the 21 agencies this year and last:

Agency	Fiscal 1957	Fiscal 1956
Veterans Administration---	\$ 825,024,300	\$ 790,185,800
Department of Defense---	790,105,000	818,104,500
Department of Health, Education and Welfare---	772,661,800	526,935,400
Federal Civil Defense Administration -----	49,810,000	30,450,000
Atomic Energy Commission -----	31,525,000	27,700,000
International Cooperation Administration -----	29,310,000	25,441,000
Department of State-----	15,496,000	13,669,790
Federal Employees Health Program -----	10,000,000	6,000,000
National Science Foundation -----	8,000,000	5,000,000
Department of Labor-----	7,151,126	7,336,000
Department of Interior---	6,138,205	5,770,000
Panama Canal Zone-----	6,055,300	5,702,900
Department of Treasury--	3,511,700	2,990,000
Department of Justice---	1,580,000	1,470,000
Federal Trade Commission	1,000,000	1,000,000
Department of Commerce--	547,914	277,586
Civil Service Commission--	386,000	382,600
National Advisory Committee to Selective Service--	180,000	180,000
President's Committee for Handicapped -----	134,678	130,000
Health Resources Advisory Committee -----	90,000	101,000
Office of Attending Physician of Congress-----	12,145	-----
TOTALS -----	\$2,558,719,168	\$2,268,826,576

(Please turn to page 1542)

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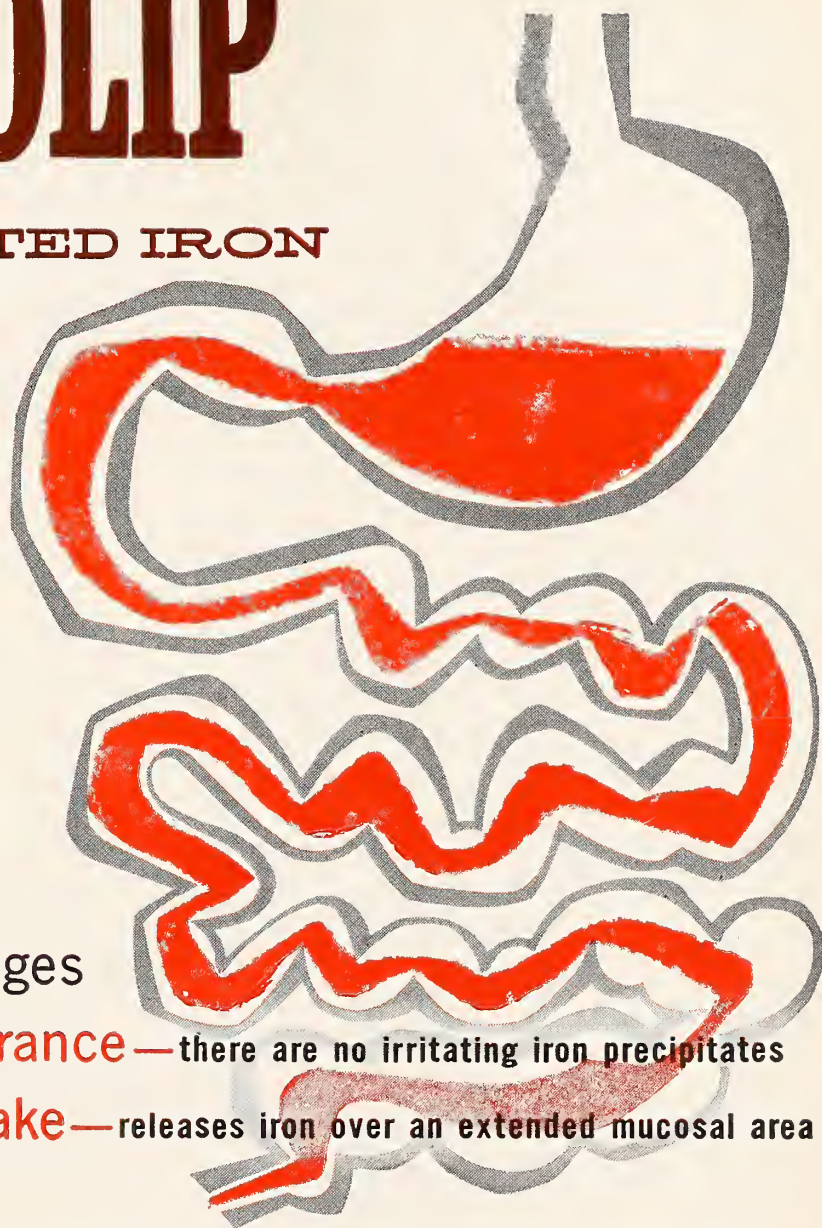
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The Month in Washington (Continued)

NOTES

The long-awaited **military dependents' medical care program** authorized by the last Congress went into effect December 7. At the height of the program, as many as 800,000 persons not now getting care are expected to be receiving treatment either at military facilities or through private physicians and hospitals. It was launched following a series of negotiations with state medical societies over contracts covering the provision of care outside military hospitals and clinics.

• **Dr. Leroy E. Burney**, PHS surgeon general since last August, has announced a number of shifts in major posts within the service. They include Dr. John Cronin, chief of the Hill-Burton program, to head the important Bureau of Medical Services; Dr. Jack Masur, from this bureau to directorship of the clinical center at Bethesda, Md.; Dr. G. Halsey Hunt, associate chief of the bureau, to a new Center for Research on Aging at

National Institutes of Health; Dr. Donald W. Patrick from the Clinical Center to PHS hospital at San Francisco; Dr. Vane M. Hoge, from associate chief of the bureau to Hill-Burton.

With the death of Rep. Percy Priest of Tennessee and the election of a Democratic House, **Rep. Oren Harris, Democrat**, of Arizona, assumes chairmanship of the important House Interstate and Foreign Commerce Committee. It handles most health legislation in the House. The companion Senate Committee on Labor and Welfare again will be headed by Senator Lister Hill (D., Ala.).

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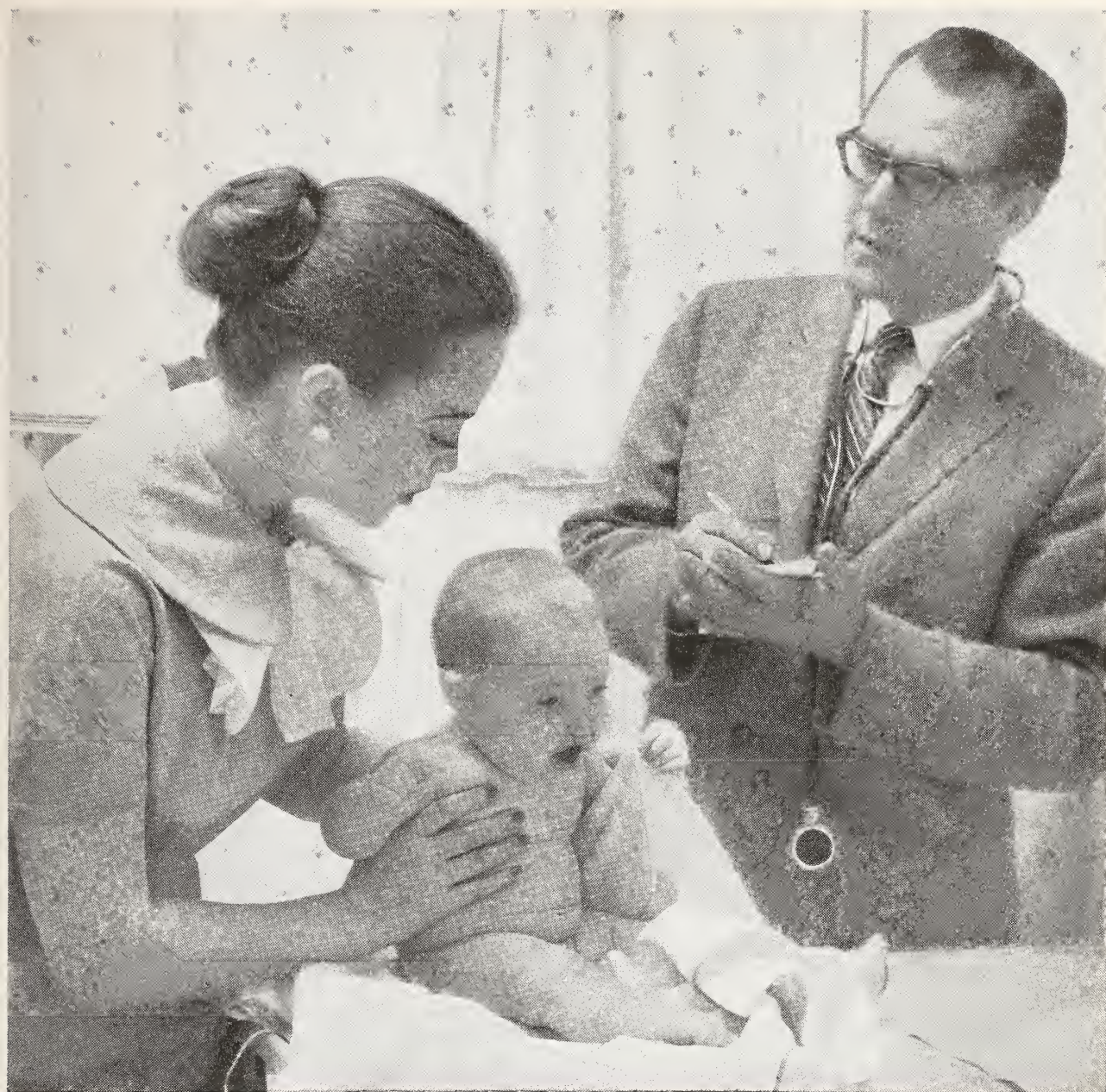
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Supplied: Each green, scored, ATARAXOID oral tablet contains 5 mg. prednisolone (STERANE) and 10 mg. hydroxyzine hydrochloride (ATARAX). Bottles of 30 and 100.

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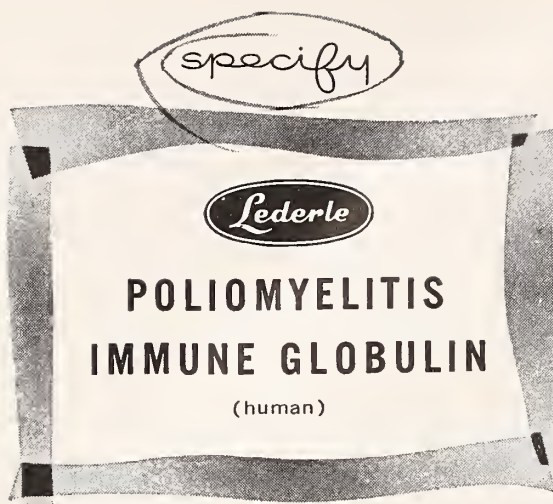


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In Rheumatoid Arthritis,
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Hill-Burton Program Under Study by AMA

AN AMA STUDY of the Hill-Burton Hospital Construction Program is now underway. Conducted by the Council on Medical Service, the survey will cover the first 10 years of the program's operation. It is being undertaken to determine to what extent the original objectives are being fulfilled, what effect recent progress in medical and hospital care may have had on these objectives, and what changes, if any, might be suggested to improve the program. Since recent amendments to the Hill-Burton program include provisions for diagnostic and treatment centers, this study should prove of particular interest to medical societies and individual physicians.

State medical associations have been asked through a brief questionnaire to report observations to the Council. Individual physicians, also, may have experiences or suggestions to offer. If so, such information should be sent directly to the Council's Committee on Medical and Related Facilities.

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How to Be More Popular With Your Patients*

MOST PEOPLE like their doctors and are generally satisfied with medical service. But the public offers some definite suggestions for ways doctors might improve the doctor-patient relationship.

These suggestions came to light when results of a nationwide survey done by a market research firm for the American Medical Association were tabulated. Heading the list of suggestions for doctors was "be available, come when called." This desire that a doctor be available when needed is not news to the medical profession, whose members have been working for the last five or six years to blanket the country with 'round-the-clock emergency call systems and similar informal arrangements to guarantee that availability.

Second suggestion from the public is "charge lower fees." Doctors have long suspected that most of the profession's public relations problems arise from the economic side of medicine. Yet in the survey individual doctors' charges

receive only moderate criticism by the public. The public is by no means as critical of doctor bills as it is of other costs of medical care, such as hospital and drug bills. Almost five times as many people (41%) say hospital bills have risen the fastest since World War II as say doctors' bills have (9%). Almost four times as many (32%) mention drug bills as having increased with the greatest speed.

People want doctors to take more personal interest in them and be more friendly and sociable, the survey showed. Assembly-line medicine, where patients are rushed through in an impersonal manner, is not what the average American is seeking in his own physician.

Closer adherence to appointment schedules is also suggested by the public who express annoyance at unreasonable waits to see their doctors. People also want doctors to be honest and frank with them in regard to illnesses and fees. They also think doctors ought to assume more responsibility for informing the public about medicine as a part of their efforts to get along better with the public.

* Prepared by the American Medical Association.

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Methyl Cellulose.....130.0 mg.
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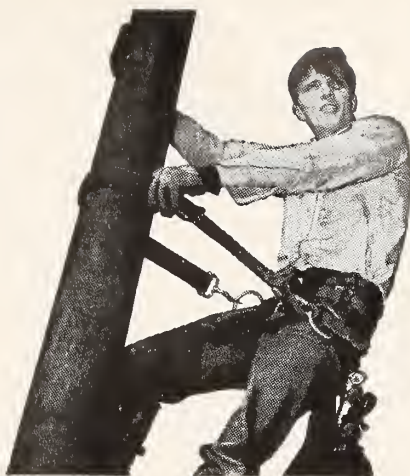
*Early rheumatoid arthritis
 Rheumatoid spondylitis
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Tax Deductible Expenditures for Health Listed by Management Firm

The following information, which The JOURNAL staff feels will be of interest and assistance to physicians and their patients, was furnished through the courtesy of Clayton L. Scroggins Associates, Professional Business Management, 141 West McMillan Street, Cincinnati 19, Ohio. The bulletin was issued by the Cincinnati firm on October 8, 1956.

TAX BULLETIN

Health Expenditures Which Are Tax Deductible As Medical Expenses

This is a subject of interest to our doctor-clients and their patients. Often it may be of value for the doctor to inform a patient of this advantage at the time he prescribes items such as an air conditioning unit for the residence of a patient for the relief it might provide in a specific illness or condition, e.g., allergy.

The following Internal Revenue Regulations are taken from the Prentice-Hall, Inc. Federal Tax Service, January 1, 1956.

"Individuals entitled to the deduction—The right of an individual to deduct medical expenses depends in the first instance on the type of return he files. He is entitled to the deduction if he itemizes his personal and nonbusiness deductions."

"An individual's election to take or not to take the standard deduction may be changed after the due date for filing his return."

A detailed description of medical and dental expenses that qualify appears in the Check List below:

- "Accident insurance
- Ambulance hire
- Artificial limbs
- Artificial teeth
- Braces
- Cost of operations and related treatments
- Crutches
- Dental fees
- Dentures
- Diagnostic fees
- Drugs and medical supplies (cost which exceeds 1% of adjusted gross income)
- Eyeglasses, including examination fee

- Fee of practical nurse
- Fees for healing services
- Fees of authorized Christian Science practitioners
- Fees of licensed Chiropractors
- Fees of licensed Osteopaths
- Health insurance
- Hearing devices
- Hospital bills
- Hospitalization insurance
- Laboratory fees
- Membership fees in association furnishing medical services, hospitalization and clinical care
- Nurses' fees (including nurses' board where paid by taxpayer)
- Obstetrical expenses
- Physician fees
- Psychologist fees
- "Seeing-eye" dog and its maintenance
- Surgical fees
- Therapy treatments
- Transportation expenses primarily for rendition of medical service, i.e., railroad fare to hospital or to recuperation home, cab fare in obstetrical cases
- X-rays"

"Cost of special mattresses and plywood boards required for the relief of an arthritic condition qualify as medical expense deductions. Rev. Rul. 55-261, *supra*."

"The cost of an air conditioning device, plus the operating expenses, less resale or salvage value, and the cost of oxygen and oxygen equipment, are deductible medical expense when in-

(Please turn to page 1552)

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LOS ANGELES

Tax Deductible Expenditures Listed (Continued)

stalled or used in the connection with the alleviation of disease rather than general comfort or health reasons. Rev. Rul. 55-261, *supra*."

"*TAX SAVING*—The Internal Revenue Service has summarized in Rev. Rul. 55-261, IRB 1955-18, the various health expenditures which

may or may not be deducted as medical expenses. A summary of the ruling is given below with the various items classified as to types of medical expenses taxpayers incur as well as their status as deductible or non-deductible expenditures.

<i>Item</i>	<i>Deductible</i>	<i>Nondeductible</i>
Education and training.	Special training required because of a handicap, e.g., lip reading for a deaf child.	Ordinary training which would be given regardless of handicap, e.g., instruction in ordinary reading for a deaf child.
Psychiatric therapy, including treatment of a child at a specially equipped school.	Cost of therapy.	Costs allocated to other than medical expenses, e.g., regular tuition.
Health insurance premiums paid.	Policies covering medical benefits.	Policies or portions of policies covering loss of earnings ⁸ or accident indemnity.
Fees to Health Institute.	When the treatment is prescribed by a doctor for the relief of a certain illness or condition.	When the activity is primarily concerned with the general health of the taxpayer.
Special diet.	When prescribed as an addition to the regular diet, exclusively for the treatment of an illness.	When prescribed as a substitute for the regular diet to provide ordinary nourishment.
Special mattress.	When prescribed for the relief of a specific illness or condition, e.g., arthritis.	When used for general health and comfort.
Air conditioner.	When used for relief of a specific illness or condition, e.g., allergy.	When used for general health and comfort.
Building costs of special room to house iron lung.		In general, considered by Commissioner to be a permanent improvement which increases the value of the property.
Commuting expenses to and from work for a handicapped person.		In all cases, except where work is prescribed as occupational therapy.
Cost of power vehicles for handicapped person's locomotion.		In all cases.
Special phone for iron lung patient.	In full.	
Maternity clothes.		In all cases.
Toothpaste, wigs, and sundries.		In all cases.
Oxygen equipment and oxygen.	When used for relief of illness, e.g., to ease breathing of heart patient.	

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"You try
to scrub the
bathtub
with your
back aching
morning
till night!"

"I don't know
about bathtubs,
but two days
ago I couldn't
reach a
shelf higher
than that."

"I thought maybe
I slept in a
draft. Never had
a stiff neck
like this before."

"That's nothing.
I went around
with my arm in
a sling for
nearly two weeks—
had to sleep
with a pillow
at my back
so I wouldn't
roll over on it."

"I thought
I was getting
too old
for high heels—
low heels
didn't help.
My leg hurt
down to
the ankle."

"That's funny.
I'm on my
feet all day
but it was
my arms that
bothered me."



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Potent corticosteroid anti-inflammatory action complemented by rapid
analgesia; doubly protected with antacid and supplemental vitamin C

"My back
was so tight
I couldn't
even get on
and off
the bus;
now I can
climb stairs."

"Take it
from me,
you should
be glad
you saw him
early in the
game so he
could do
some good."

"Good?—
why, he's
got me doing
exercises
I haven't done
in years."

"I hope
he helps
my knee
that quick."



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Tablets of 0.2 mg.

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The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 49 — December 1956 — Number 12

Hemolytic Disease of the Newborn Due to ABO Incompatibility

EARL G. GREENE, M.D.

JOHN A. SHIVELY, M.D.*

Indianapolis

HEMOLYTIC DISEASE of the newborn due to Rh incompatibility is a definite clinical entity and is relatively easily recognized. However, Levine¹ estimates that approximately ten percent of the cases of hemolytic disease of the newborn are due to an ABO incompatibility. Because of its lesser frequency, less sharply defined clinical picture and slightly more involved procedures for laboratory confirmation, the disease due to ABO incompatibility may go unrecognized. Even when suspected, the diagnosis may not be made with assurance due to the lack of confirming laboratory data. For these reasons some of the more pertinent points in the diagnosis and treatment of this entity are presented.

HISTORY

Incompatibility between the mother and the infant within the ABO blood group was sug-

gested as the cause of erythroblastosis as early as 1923,² but the exact mechanism was not demonstrated until 1948.³ That this should come several years after the incrimination of the Rh and other blood factors was due to several reasons. In 1941, Levine and his co-workers⁴ were able to demonstrate circulating antibodies against the newly discovered Rh blood factor in most of the mothers who gave birth to erythroblastotic infants. Shortly thereafter, other new blood factors were discovered and were incriminated in hemolytic disease of the newborn. In all of these cases the demonstration of the responsible antibody was relatively simple since the antibodies against the Rh factor and the other newly discovered blood factors are rarely present in normal human serum. The demonstration of these antibodies in the mother's serum was good evidence that it was responsible for the hemolytic disease in the infant and in cases of hemolytic disease of the newborn in which an Rh incompatibility could not be demonstrated, investigation for the presence of antibodies

* From the Pathology Department, Indianapolis General Hospital, and Department of Clinical Pathology, Indiana University School of Medicine.

against each of the new blood factors was done. In contrast, anti-A and anti-B antibodies are normally present in blood when their corresponding antigen is absent and a diagnosis of ABO incompatibility could be made only by exclusion of all of the other known blood factors.

In 1945 Coombs, Mourant and Race⁵ demonstrated that red cells sensitized by incomplete Rh antibodies agglutinated when exposed to a serum containing anti-human globulin. The Coombs' test gained wide acceptance and became part of the laboratory diagnosis of erythroblastosis. This caused more difficulty in the diagnosis of erythroblastosis due to ABO incompatibility because in this entity the Coombs' test is either negative or weakly positive. It was not until 1948 when Witebsky³ was able to demonstrate differences between naturally occurring and "immune" anti-A and anti-B antibodies that the mechanism of hemolytic disease of the newborn due to an ABO incompatibility could be demonstrated. Since that time numerous well documented cases of this entity have been described.^{6, 7, 8, 9, 10}

PROPERTIES OF THE IMMUNE ANTIBODIES

In a mother who is a Group O, and the disease almost always affects infants of Group O mothers,^{10, 12} naturally-occurring anti-A and anti-B antibodies are always present in the serum and often in quite high titer. Therefore, the demonstration of these would in no way be diagnostic. Because of this, tests for diagnosis are directed towards the demonstration of anti-A or anti-B antibodies which are of the immune type. In Table I the differences between the naturally-occurring and immune antibodies in the ABO system are listed.

If, for example, a Group O mother gives birth to an erythroblastotic infant who is Rh compatible and Group B, the possibility of immune anti-B antibodies must be considered. If serial dilutions of the mother's serum are made against Group B cells of an adult and the serum is found to agglutinate these cells better at 37°C than at 4°C and to agglutinate these cells better in an albumin diluent than in a saline diluent, this is evidence in favor of an immune anti-B antibody. The serum is then neutralized with Witebsky's group specific substance so it will no longer cause agglutination of the cells in saline. If immune antibodies are present, they are not neutralized.

TABLE I
DIFFERENCES BETWEEN NATURALLY OCCURRING AND IMMUNE ANTI-A AND ANTI-B ANTIBODIES

Property	Natural	Immune
Hemolysis	No	Usually
Neutralization	Yes	No
Indirect Coombs	Negative	Positive
Agglutination		
Diluent	Same in saline and albumin	Best in albumin
Temperature		
4°	Best	Yes
25°	Yes	Yes
37°	None or slight	Best
Complement Fixation	No	Yes
Passes through the placental barrier	No	Yes
Type of Antibody	Complete	Incomplete or blocking

The serum is still capable of causing agglutination in albumin and the indirect Coombs' test is positive.

In many cases, a hemolytic antibody or hemolysin is also present and hemolysis may be observed during the initial saline agglutination tests.^{9, 10} In the neutralization of the serum with Witebsky substances, the hemolytic antibodies will be absorbed and disappear¹⁰ in contrast to the immune agglutinins which will not be neutralized by Witebsky substances.

CLINICAL COURSE AND TREATMENT

The hemolytic disease caused by immune ABO antibodies differs from that seen with Rh sensitization in several respects. The following case was selected to illustrate some of the clinical and laboratory findings in ABO sensitization.

The mother was a 13 year old, Para 0, Gravida I, colored female who after an apparently normal pregnancy spontaneously delivered a five pound, 0 oz., living female infant. The following day, 24 hours after birth, the infant was markedly jaundiced and the following studies were made: The infant was Group B, Rh positive (cDe) and the direct Coombs' test was negative. The total serum bilirubin was 13 mg/100 ml.; the RBC, 3.5 million/mm,³ and the hemoglobin was 11 gm. per 100 ml. There were

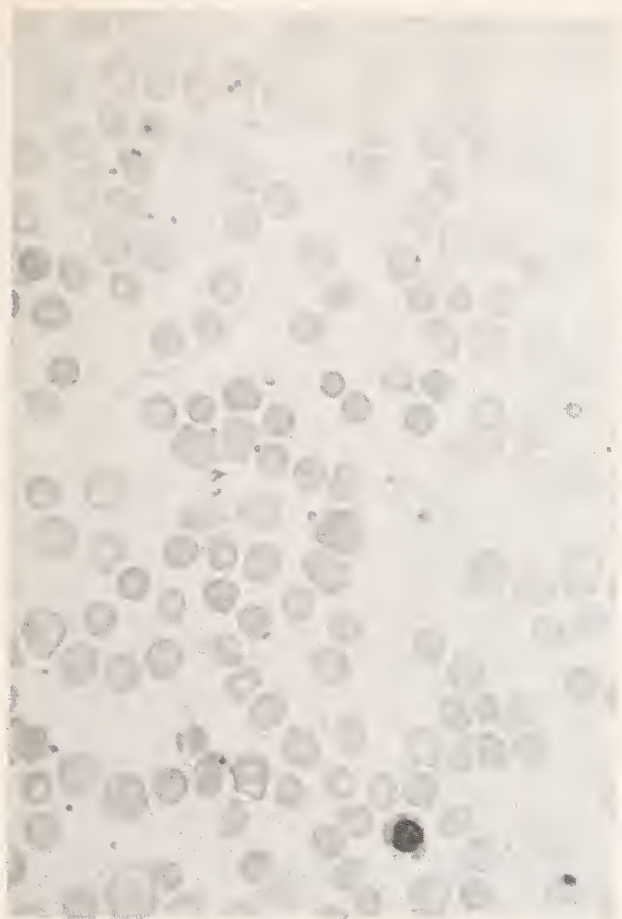


Figure 1. Peripheral blood smear from an infant with erythroblastosis due to ABO incompatibility showing microspherocytosis (540X).

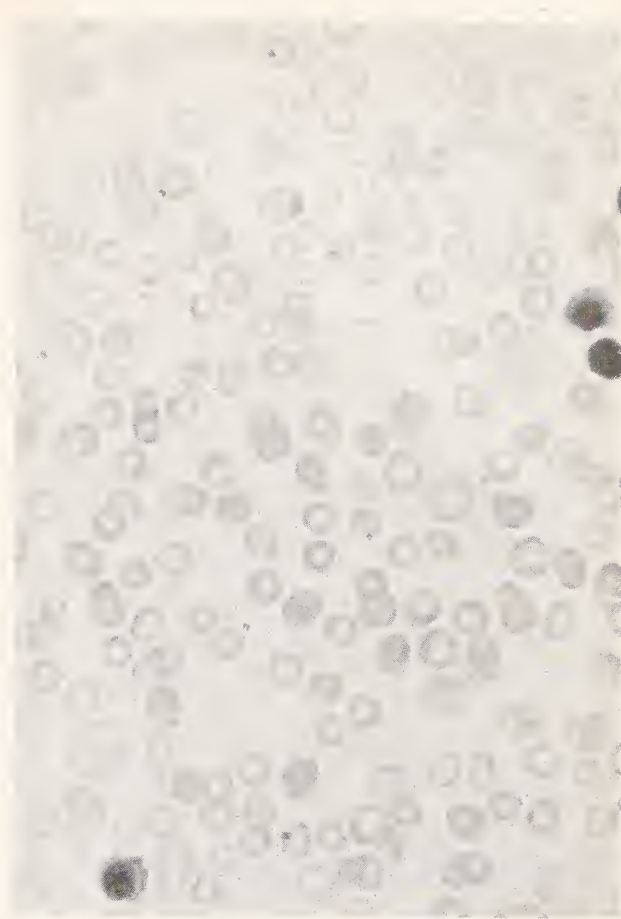


Figure 2. Peripheral blood smear from an infant with erythroblastosis due to Rh incompatibility showing macrocytosis (540X).

ten nucleated RBC's per 100 WBC's and the peripheral blood smear contained microspherocytes.

The presence of a hemolytic process is shown by the anemia, the elevated serum bilirubin and the microspherocytosis in the peripheral smear. The microspherocytosis is almost always present in the ABO sensitization in contrast to the Rh incompatibilities where macrocytosis and polychromasia are the rule.¹⁻¹³ Figures 1 and 2 are typical peripheral blood smears in the two diseases. The spherocytes seen in this disease are not unlike those seen in congenital hemolytic anemia and studies on these infants' blood show an increase in red cell fragility.^{9, 10, 12}

Because of these findings further studies were done on the mother's serum in an effort to confirm the impression of an ABO incompatibility. The mother was Group O, Rh positive (cDe) and the titers of anti-A and anti-B antibodies were first obtained using saline as the diluent. The anti-A titers in the saline were low (1:4) and were easily neutralized by adding Witeb-

sky's substance in a ratio of one part serum to two parts of group specific substance. The anti-B antibodies had a titer of 1:128 in saline and could not be removed except with extremely large amounts of group specific substance, i.e., 1 part serum to 20 parts of group specific substance. Dilutions of the mother's serum were then made in albumin and saline and the results are seen in Table II. It is evident from these figures that the anti-B antibody is much more active at 37°C and in an albumin diluent. This is characteristic of an immune type antibody.

Following these studies an exchange transfusion was done on the infant using Group B, Rh positive blood. Table III gives the various laboratory results on the day of birth and for several days following the transfusion. It also illustrates several points which are characteristic of this disease. In the hemolytic disease due to ABO sensitization, the direct Coombs' test is either negative or weakly positive,^{8, 9, 10, 12} in contrast to the findings in Rh sensitization, even though the infant's red cells are coated or sen-

TABLE II

Mother L. I. Group O cDe
Anti-B Titers

Temperature	Not neutralized		Neutralized	
	Saline	Albumin	Saline	Albumin
4°C	256	—	—	—
25°C	128	512	—	48
37°C	512	1024	172	768

sitized by antibodies in both of these entities. The reason for this appears to be a property of the infant's red cells rather than an absence of circulating antibody in the infant's serum. Mollison¹³ and Crawford¹⁰ have shown that if the infant's serum is incubated with adult red cells of the same type, in other words, if an indirect Coombs' test is done, the result will often be positive. Similarly, if adult cells of the same type are given to these infants by transfusion the direct Coombs' test will often become positive.⁸

In this particular case the infant was given an exchange transfusion with blood of the same type, i.e., Group B, Rh positive. As can be seen from the blood counts and the serum bilirubin levels on the succeeding days (Table III) there was a rapid fall in the hemoglobin and red blood count accompanied by a marked rise in the serum bilirubin indicating a continuation of the intravascular hemolysis. This rapid destruction of the transfused cells occurs when blood of the same type is used in ABO incompatibility. Mol-

TABLE III

Infant L.I.
Born: 12-12-55
Direct Coombs on 12-13-55 Negative

Date	13	14	16	17	19
Rbc millions/mm ³	3.5	4.2	4.4	3.9	4.0
Hbg gm/100 ml.	10.8	14.9	13.9	12.4	12.9
Bilirubin mg/100 ml.	13.2	13.6	20.4	24.6	16.0
Exchange Transfusion▲ (B+)					

lison¹³ and Boorman⁶ have shown that transfused Group compatible cells are usually completely eliminated by these infants in seven days while transfused Group O cells have a normal life expectancy. Because of this phenomenon, Group O, Rh compatible blood is the blood of choice when these infants are transfused.^{10, 13}

COMPARISON WITH Rh INCOMPATIBILITY

If the features of ABO hemolytic disease are compared with those of Rh sensitization, the differences are such that the differential diagnosis can easily be made. The hemolytic disease often affects the first child in ABO sensitization, as it did in the case just discussed. This is rare in Rh sensitization unless the mother gives a history of previous blood transfusions with Rh incompatible blood. In ABO sensitization there is rarely an increase in severity with each suc-

TABLE IV

DIFFERENCES BETWEEN Rh AND O-A-B ISOIMMUNIZATION
IN HEMOLYTIC DISEASE OF THE NEWBORN*

Findings	Rh	O-A-B
First born affected	Rare	Common
Effect of one erythroblastotic baby on subsequent pregnancies	Increase in severity with each pregnancy	Little or none
Severity	Often marked	Usually mild
Morphology of Rbc.	Normal to macrocytes	Microspherocytes common
Maternal antibodies	Anti-Rh	Anti-A or Anti-B (immune)
Coombs' test on baby's cells	Positive	Negative or weakly positive
Type of blood for transfusion	Rh negative, Group "O" or group compatible	Group "O", Rh compatible

* Modified from table exhibited by Silik H. Polayes and Saul Polayes at the International Congress of Clinical Pathology, September, 1954.

ceeding pregnancy, a fact that can be reassuring to the parents of the affected child. Although the disease is usually milder than seen with the Rh sensitization the hemolysis may be so severe that supplementary or exchange transfusions may be required. A summary of some of the more prominent differences between the two entities is given in Table IV.

In a newborn infant who presents clinical evidence of early icterus, coupled with anemia, a hemolytic process must be suspected. A doubtful or negative Coombs' test under these conditions should alert one to the possibility of an ABO incompatibility and the appropriate tests for the detection of the immune antibodies in the maternal serum should be done as well as an indirect Coombs' test using the infant's serum and group compatible adult red blood cells.

SUMMARY

The clinical and laboratory findings of hemolytic disease of the newborn due to ABO sensitization are presented. The reasons for using Group O, Rh compatible blood in treatment are given. A brief comparison with the more common Rh sensitization is made.

The authors wish to thank Dr. Irving Rosenbaum, Jr., and other members of the Pediatric Staff of Indianapolis General Hospital for permission to use the case cited.

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The Effect of Treatment on the Natural Course of Breast Cancer*

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THE PEOPLE AND THEIR PHYSICIANS have been taught for 50 years, by every possible means, that breast cancer, early in its course, is curable. This teaching has brought about so-called early operations for most, probably nearly all, breast cancers; but the death rate of breast cancer in Canada, Great Britain and the United States has been about stationary for the last 30 years. We can no longer ignore this fact, for it proves that the theory which has controlled our treatment is wrong. Handley promulgated this theory some 50 years ago. It hangs on the assumption that the distant spread of breast cancer is entirely, or nearly so, by way of lymph vessels. Handley asserted that almost all cancer cells carried to a lung by the blood, die there in blood clots. He believed that a breast cancer can be cured when it is possible to remove in one block of tissue the primary growth and all its extensions in lymph nodes and lymph vessels. Thus, according to him, the earlier and the more radical the operation, the better the chance of cure. This has been the orthodox doctrine on treatment. The following is a summary of the evidence which has accumulated against it:

1. Pathologists have known for the past century that the blood carries cancer emboli, and Willis in his authoritative monograph on the spread of tumors in the human body states that all major forms of cancer spread by way of blood vessels. X-ray studies of metastatic breast cancer in the lung support this opinion.

2. Batson has demonstrated the existence of a system of vertebral veins by way of which emboli of breast cancer cells can reach the brain,

the spine and tissues adjacent thereto without entering a lung.

3. Breast cancers too small to be felt may have widespread metastases. Evidently a cancer which can be felt may not be "early."

4. Finally, as McKimmon has pointed out, the only conceivable explanation of the failure of early operation to lower the death rate is that metastasis by way of blood vessels occurs when the cancer is still too little to be found. This conclusion implies that the number of inevitably fatal cancers in the population must be nearly constant; also that the spread of these "lethal" cancers to internal organs cannot be prevented by the removal of all lymphatics they may have invaded.

The foregoing conclusions gain additional support from a necessary characteristic of a metastasizing cancer. This is a feeble cohesion of its cells. The most important characteristic of a cancerous growth is not the lawless and rapid multiplication of its cells. The cells of granulation tissue, for example, multiply faster than cancer cells but they stick together and therefore do not wander (they have amoeboid motility) into veins and lymph vessels. Pathologists have observed and discussed this peculiarity of cancer cells ever since Virchow first observed it. Coman has made a thorough study of it in recent years. It has had, however, only scant attention from clinicians.

We have good reason to believe that some cancers of the breast spread by direct extension only, presumably because their cells cohere firmly. They have a microscopic appearance identical with that of cancers which metastasize. They can be totally removed even when they are fairly far advanced.

Breast cancer kills, not by its local growth,

* Delivered at the 107th Annual Convention of the Indiana State Medical Association, October 18, 1956, Indianapolis.

but by its metastases in internal organs. The body may somehow be able to destroy cancer cells carried to its various parts by the blood or lymph; or it may be able to restrain for many years the growth of such of these as may survive. Breast cancer may be a chronic disease which may last 30 years or more. How long a woman can live with it depends in great part on how well she can restrain its growth in her internal organs. No operation can help her to do this. Likewise, whatever seeming success may follow, attempts to remove cancerous lymphatics from the axilla or elsewhere must, I believe, be due to this resistance of normal tissues to cancer growth. I doubt, for the following reasons, that these lymphatics can often be extirpated by operation:

1. Minute cancerous lymph nodes which cannot be seen or felt in fresh axillary fat may often be found in it by a proper examination. Lymph capillaries are almost as numerous as blood capillaries and form inaccessible networks around blood vessels and nerves and these networks may harbor cancer cells. It is certain that the removal of lymph nodes only is of no use. The lymph vessels around them also contain cancer.

2. Cancer may suddenly appear in an axilla which has been apparently free of it for months or years after operation.

3. Skin covering the axillary structures after operation may seem free of cancer and then, following heavy radiation, be studded with miliary metastases.

SUMMARY AND CONCLUSIONS

The natural course of a breast cancer depends first of all on whether or not its cells stick firmly together. As long as they do so it will remain a local growth. As such, it may exist for many years and attain a great size. It can, even when

it is rather far advanced, be removed completely by operation. If, however, the cells of a cancer are detachable they enter blood and lymph vessels and travel along them to distant places in the body. This occurs immediately after the origin of the cancer, when it is still too small to be discovered. The proof that cancers of this kind can ever be cured by operation is lacking. They are already late when they are big enough to be felt. The most an operation can do is to bring about a clinical cure of the primary growth and its adjacent extensions.

These facts, however, do not imply that operation for the common and fatal kind of breast cancer is useless. Though it may not save or even prolong life it may make what is left of life endurable and worth while. It may, for example, do as much good as the treatment of heart disease.

The theory used to justify the Halsted operation is wrong, but an immense experience has demonstrated that this operation can greatly improve the lot of many patients. It is still, I think, the operation of choice for most patients under 65 or 70 years of age, provided they have no forbidding growth of cancer on the chest or in the axilla, and provided also they have no internal metastases which can be found. Properly done by careful, sharp dissection it controls the local and axillary growth of the cancer in many cases—a probable benefit which justifies its performances. For the older women a wide, simple mastectomy is probably sufficient.

There is ample evidence to prove that operation roughly done or unduly prolonged and radical, impairs the inborn resistance of the body to neoplastic growths. Our chief concern should be not to do this.

Treatment will be better when governed by knowledge of its limitations.

Abruptio Placentae and Associated Conditions*

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ABRUPTIO PLACENTAE is defined as premature separation of the normally implanted placenta. The condition was first described by Portes in 1664. Rigby, in 1775, called it "accidental hemorrhage"; Holmes, in 1901, named the condition "ablatio placentae." DeLee was responsible for the term "abruptio placentae" which is most commonly used in the United States today.

This paper summarizes data obtained by reviewing 25,403 obstetrical charts from two private hospitals, for the years 1951-1955, and presents protocols of three patients with severe abruptio placentae and its complications. In this series of 25,403 obstetrical patients, there were 117 instances of abruptio placentae, an incidence of 1:217. The abruptio placentae in this series are classified according to the criteria of Page²⁸ and co-workers, who group abruptio placentae as follows: Grade 1—cases exhibiting external uterine bleeding or uterine hyperirritability. Grade 2—cases with uterine tetany, possible external bleeding, or fetal distress. Grade 3—cases with shock, coagulation defects and fetal death.

According to these criteria, 70 women in the present series fell into grade 1, 37 into grade 2, and 10 into grade 3. In the latter group there were three maternal deaths, constituting an overall maternal mortality rate of 2.55 per cent. The infant mortality rate was 32 per cent.

COMMENT

Abruptio placentae is often considered to be closely associated with toxemia of pregnancy. In the older literature 65 per cent of cases of abruptio

placentae were associated with toxemia. However, more recent reports indicate that only some 25 per cent of patients with abruptio placentae have an associated toxemia. The incidence of toxemia in the present series was 28.2 per cent. There were no cases of eclampsia. Harer¹⁴ found abruptio in only 1 per cent of his 650 cases of eclampsia. Recent studies, therefore, seem to indicate that toxemia is not the only cause. Recently, Howard and Goodson¹⁷ produced experimental placental abruption in dogs by ligating the inferior vena cava below the level of the renal veins. The same effect has been produced in humans at term by compression of the inferior vena cava at Cesarean section. This experiment showed that increased pressure in the vena cava greater than that in both normal pregnancy and toxemia of pregnancy may constitute one of the underlying causes of abruptio.

Other etiologies that have been suggested include trauma, trans-abdominaluterocentesis, polyhydramnios, pitocin stimulation, external version, anomalies of the uterus, and short umbilical cord. In this report, grade 1 abruptio was associated with one trans-abdominaluterocentesis, three pitocin infusions, and one bicornate uterus. Multiple pregnancy and abruptio were associated only once in the 117 cases. This is somewhat lower than the recognized incidence. In this series there was no case of traumatic abruptio.

Anemia was a feature of the antepartum course of the cases reviewed. This is consistent with the reports of various other authors.

Diseases of the endometrium and myometrium, and infarction or inflammation of the placenta may play a role in the production of this complication. The many conditions which have been associated with premature separation are evidence that this accident cannot be ex-

* Read before the Ninth Annual Meeting of the Kentucky Obstetrical and Gynecological Society at Lexington, Kentucky, March 3, 1956.

plained on the basis of any single etiological agent.

The gross pathological picture of the most advanced stage of this lesion is that of a plum-colored uterus with areas of linear depression. Blood may be seen in the cul-de-sac and coming from the tubal lumen. This is known as a "Couvelaire uterus." The onset of this "Couvelaire" formation is the beginning of a retroplacental hematoma which gradually dissects between the muscle fibers of the myometrium, and, if it continues, the above picture will be seen.

The microscopic findings are those of an acute degenerative arteriolitis involving the intima of the spiral arterioles, with ultimate fibroblastic proliferation of the intima. The end result is complete obliteration of the lumen. As a consequence of the process, the decidua beneath the placenta undergoes necrosis, and the resultant hemorrhage produces partial separation of the placenta. This is the so-called "toxic" picture. In the "non-toxic" type, the placental separation is usually associated with a senile degenerative change with rupture of the marginal or the venous sinuses.

The clinical picture is one of sudden pain in the lower abdomen or back. The uterus becomes tetanically contracted and locally tender. Later, shock develops, and occasionally the patient's mucous membranes become cyanotic. The blood pressure is not at first commensurate with the severity of the condition, though later it may fall precipitously. Eighty per cent of the patients show external vaginal bleeding; in the remainder, the hemorrhage is concealed, the prognosis is poorer, especially for the fetus. Of these two varieties of hemorrhage the concealed type is that most often associated with a ligneous consistency of the uterus, a pathognomonic sign of placental abruption.

DIFFERENTIAL DIAGNOSIS

The differential diagnosis of third trimester hemorrhage includes marginal sinus rupture; this cannot always be definitely ruled out. Rupture of vessels in velamentous insertion of the umbilical cord may be diagnosed in early cases by demonstrating nucleated red blood cells. Placenta previa can be ruled out by vaginal examination performed with suitable precautions. Rupture of the uterus, although rare, is an ever-present threat, especially in patients with a his-

tory of previous section, and in women of high parity. In the last-named conditions, the uterus generally exhibits hypokinetic dyskinesia, and the cervix has a flaccid feel.

PATIENT PROTOCOLS

Case 1. A 42 year-old primigravida who had a normal prenatal course except for the history of coronary occlusion one year before this pregnancy, suddenly experienced severe pain in the lower abdomen one month before term. On arrival at the hospital, the patient was in profound shock; she was cyanotic, and no pulse could be felt. The fetal heart sounds were absent. The uterus was enlarged to a size compatible with an 8 month pregnancy; it was diffusely tender. The cervix was soft, partially effaced and 2 cm. dilated. The fetus lay in cephalic presentation. Shock was treated, and the membranes were ruptured, producing a gush of clear amniotic fluid. The electrocardiogram indicated a left bundle branch block. After 2½ hours of fruitless therapy, the patient expired. An immediate post-mortem Cesarean section was performed, but the infant could not be resuscitated. The uterus presented the characteristics of the "Couvelaire" abruption. Blood exuded from both tubes, and there were approximately 1000 cc. of fluid and clotted blood in the cavity. The placenta was completely detached, and lay over the internal os.

Case 2. A 31 year old para 5, gravida 11, ab 5, had two episodes of bleeding in early pregnancy. The patient was admitted to the hospital one month before term in mild labor with vaginal bleeding. Upon examination, the placenta could not be felt. The cervix was 3 cm. dilated and partially effaced. The membranes were artificially ruptured and an intravenous pitocin infusion was started. Following an uneventful first stage of labor, the patient spontaneously delivered 1 hour and 42 minutes later. Following the third stage of labor, bleeding became excessive. The uterus was firmly contracted and no cause for the bleeding could be found. The patient received 2000 cc. of blood and a pitocin infusion was administered; later, the uterus was packed. Bleeding continued, and the clotting time was found to be eight and one-half minutes. One gram of fibrinogen was given intravenously and bleeding was controlled shortly thereafter. Two and a half months postpartum, the patient

was found to be jaundiced. The diagnosis of serum hepatitis was confirmed.

Case 3. A 39 year old, para 9, gravida 11, ab 1, was first seen six weeks before term with hypertensive cardiovascular disease of five years' duration. There was no history of congestive failure. The blood pressure was 166/110; hematological and urinary findings were normal. The patient refused hospitalization for diagnostic study, and was not seen again until she was brought to the hospital at term. At this time patient showed definite signs of shock, with a blood pressure of 120/80 and pulse of 120 per minute. The uterus was the size of eight months' gestation; it was tetanic, and diffusely tender. The cervix was 3 cm. dilated and partially effaced. The membranes were artificially ruptured. During labor, the patient's blood pressure became stabilized at 200/108. The patient was delivered of a stillborn infant by low forceps five and a half hours later. Approximately 2000 cc. of liquid and clotted blood followed the placenta, which was totally separated. Shock recurred, and an additional 2000 cc. of blood was given. The patient excreted only 1 cc. of bloody urine in the next 24 hours. After this she became totally anuric and died five days later. Autopsy showed bilateral renal cortical necrosis with evidence of "Couvelaire uterus."

DEFIBRINATION

Reports of defibrination syndromes have appeared in the literature with increasing frequency in the past decade. In 1936, Dieckmann⁹ showed that coagulation defects associated with placental abruption may be due to depression of fibrinogen levels. Maloney²⁴ reported fibrinogen depression as the basis for maternal hemorrhage in the "dead fetus syndrome."

The mechanism of hemorrhage in afibrinogenic states may be postulated as follows. Tissue damage occurs at the site of the retroplacental hemorrhage, and there is escape of tissue juices from the placenta and decidua or amniotic fluid, all of which have a high content of thromboplastin. The liberated tissue fluids enter the general circulation and cause a hyperthromboplastinemia. The thromboplastin reacts with prothrombin in the presence of a catalyst to form thrombin. Thrombin reacts with fibrinogen to form fibrin, and this initiates the process of intravascular clotting. With the exhaustion of the

supply of fibrinogen, the blood becomes incoagulable, and hemorrhage ensues.

Defibrination may occur in any condition associated with extensive tissue breakdown; for example, it is seen in burns, in the so-called "dead fetus syndrome," and following extensive surgery. Other pathologic states occasionally associated with defibrination syndromes includes (1) pernicious anemia, (2) pellagra, (3) carcinoma metastatic to bone marrow, (4) scurvy, (5) leukemia and (6) severe liver disease or damage.

Fibrinogen is synthesized in the liver at a rapid rate. Foster and Whipple^{12, 13} calculated that dogs regenerate fibrinogen at a rate of 38 mgm./100 cc./hour. The normal fibrinogen level is 180-400 mgm./100 cc. of plasma. Clinical signs of defibrination develop at levels from 100 to 60 mgm./100 cc. Below 60 mgm., the blood will fail to clot.

The process whereby the formed clot is dissolved is known as fibrinolysis. This phenomenon is thought to be due to cytofibrinokinase, a tissue activator which acts on profibrinolysin, releasing fibrinolysin which in turn is capable of hydrolyzing fibrinogen, fibrin, and other proteins. Streptolysin is also capable of producing the same process. This fibrinolytic phenomenon is found sometimes in the first day of menstruation and in toxemia of pregnancy, as well as in hemorrhagic shock and burns.

RENAL CORTICAL NECROSIS

Renal cortical necrosis is a rare but serious condition sometimes associated with abruptio placentae. Ten per cent of the patients who have grade 3 abruptio placentae will develop renal cortical necrosis, and one-third of these women will die.

The mechanism whereby cortical necrosis occurs in abruptio placentae is still not definitely known. However, the work of I. H. Page³⁰ and E. W. Page²⁹ suggests that a specific substance, serotonin, may be responsible. In normal blood, all the serotonin is contained possibly in the platelets,³⁶ although it is formed elsewhere in the body, namely the chromaffin cells of the intestine and the central nervous system. Schneider³⁷ has shown that in meconium embolism in dogs the platelets disappear; he postulates that the same mechanism could occur in defibrination which he calls "obstetric shock." Jackson¹⁹ re-

ported thrombocytopenia in six of seven patients with abruptio. If the platelets actually release serotonin upon disintegration, this would help substantiate Page's theory that serotonin may be responsible for renal ischemia. Mild cases of abruptio would cause lesser amounts of thromboplastic protein to enter the circulation, and the degree of renal ischemia due to serotonin would be minimal. In this series, there were 60 cases out of 117 who showed albuminuria even though most of them had not had albuminuria during their prenatal course. Fifteen cases also had casts in their urine.

Sheehan⁴⁰ has classified the urinary and histological findings in cases of renal cortical necrosis into six grades, ranging from short periods of anuria to prolonged anuria and death. He bases his histological findings on the number of minutes or hours that the renal vascular system is in spasm as to the amount of cortical damage.

Page has shown that Apresoline* inhibits the reaction caused by serotonin in experimental animals, and it seems possible that this drug could be used to advantage in clinical cases of abruptio. Apresoline has been found to increase renal blood flow and frequently augments renal output.

TREATMENT

The treatment of each patient with abruptio must be individualized, and the above-mentioned complications must be kept in mind to insure early diagnosis. The main problems are hemorrhage and shock in the mother, and life-endangering anoxia in the fetus. It should be emphasized that the fetal heart cannot always be heard in abruptio. Bieher³ noted heart sounds in 77 per cent of his cases of liveborn babies, and 84 per cent of the fetal heart sounds could be heard in this series.

Most instances of abruptio can be treated conservatively provided that the patient's response to treatment is favorable and the fetus is not in distress. Artificial rupture of the membranes to reduce the intrauterine volume and thus cause the uterus to contract will control the hemorrhage in most of the cases. If the uterus does not start contracting spontaneously following amniotomy, pitocin should be administered to start labor and hasten delivery. During this

time every effort must be made to prevent shock, and if toxemia is present, appropriate therapy must be instituted promptly. It is wise to follow the fibrinogen level and watch the urinary output carefully.

In case 1, a fibrinogen level was not obtained, but this patient's dramatic response to the intravenous administration of fibrinogen emphasizes the importance of this agent in the management of coagulation defects. Five hundred cubic centimeters of banked blood cannot be expected to raise the level of fibrinogen more than five to ten per cent. Some reports suggest that fresh blood may give a better fibrinogen response. Most writers agree that about four to ten gms. of fibrinogen are required to treat a case of defibrination. The possibility of a complicating hemolysis serum jaundice is always to be considered. The development of hepatitis in case 1 can be attributed either to the fibrinogen or to the whole blood transfusion.

Cesarean section may be indicated in abruptio placentae if the patient fails to respond to conservative management. According to some reports, Cesarean section is sometimes indicated in (1) severe abruptio at term in a patient with a live baby; (2) in a patient who has recovered from one episode of post abortion shock and (3) in a patient with closed, uneffaced cervix when it is thought that delivery cannot be effected in a reasonable length of time.

SUMMARY

One hundred and seventeen cases of abruptio placentae have been reviewed which occurred in 25,403 obstetrical cases. The maternal mortality was 2.55 per cent and the infant mortality was 32 per cent. Case reports of two maternal deaths are recorded. Defibrination and cortical necrosis of the kidney are discussed as to mechanism and treatment.

I wish to thank Dr. Douglas M. Haynes, Clinical Director of Obstetrics and Gynecology, University of Louisville, School of Medicine, and Dr. John Allen, Pathologist, Kentucky Baptist Hospital, for their interest and constructive aid in the preparation of this paper.

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DEPENDENTS' MEDICAL CARE ACT

PUBLIC LAW 569, the Medical Care Act, is scheduled to go into effect early this month. Its purpose, as stated in the Act, is "To create and maintain high morale throughout the uniformed services by providing an improved and uniform program of medical care for members of the uniformed services and their dependents."

This it does by providing for the joint utilization of the medical facilities of all the uniformed services, and by providing care by civilian medical facilities for those spouses and children of active duty personnel who do not have access to military facilities. Medical care for spouses and children who do have access to military facilities, and for all other dependents, will be provided by service facilities.

At the outset of the program, spouses and children of active duty members (the only dependents eligible for both civilian and military care) will have free choice between civilian and military. However, this limitation can be invoked later: If it is shown that use of civilian

medical facilities by dependents in a certain area has affected adversely the optimum economic utilization of service facilities, the Secretary of Defense (or of HEW) may restrict dependents in that area to care in a service facility. In defining such areas, the secretary must take into consideration normal commuting time, distance and unusual geographic and transportation factors. Wherever imposed, this restriction on freedom of choice may be waived in an emergency, and under any circumstances spouses and children of active duty members will retain freedom of choice between service and private facilities if they are not living with the service person on whom they are dependent.

The Indiana State Medical Association has signed a contract, as have other state associations, with the government for the provision of medical care, with free choice of physician. Indiana Blue Shield will act as the fiscal agent for the government and will reimburse physicians.

In the case of Indiana no rigid fee schedule

has been adopted. Due to the variability of fees in various areas of the state, the government will expect that physicians will submit statements for their normal fees. These fees, subject only to arbitration in case they appear to be exorbitant, will be paid as though they were set by a regular fee schedule. Other states will operate on a definite fee schedule. Indiana will probably be the only state which will initiate the program with fees determined by each doctor in accordance with his usual custom.

Care in civilian facilities will be largely limited to hospital cases, including prenatal and postnatal care. House and office calls will

In civilian facilities, it is expected that medical care will be limited to acute medical conditions, including acute phases of chronic diseases; surgical conditions, contagious diseases while in hospital; complete obstetrical and maternity care, pre- and post-hospitalization services of doctor for bodily injury or surgical operation, acute emergencies of any nature if a threat to life, health or well-being, temporary treatment of acute emotional disorders, and diagnostic tests and procedures during hospitalization.

Medical care probably will not be authorized in civilian hospitals for chronic diseases (except

THE WHITE HOUSE STATEMENT BY THE PRESIDENT

October 15, 1956

I have today approved with great satisfaction the directive under which the Military Dependents' Medical Care program will operate beginning December 7, 1956. *

Prior to this time at least 40% of our service families were unable to receive adequate medical care from the Government.

This important improvement assures hospital care at all times to the wives and children of active duty personnel. It removes one of the greatest sources of worry to our servicemen and servicewomen around the world.

A significant new feature of this law authorizes the use of civilian hospitals and facilities for the immediate families of active duty servicemen.

The cost to a service family for hospitalization in any facility, civilian or military, will be limited to a payment of either \$25.00 or an amount equivalent to the subsistence charge of \$1.75 per day, whichever is the greater. For this charge, all hospital services and doctors' fees for the period of hospitalization are covered.

This program also continues the provision for medical care for the dependents of both active and retired personnel in military facilities on a space available basis.

I have been personally interested in this important program since its inception. I feel strongly that this important measure will have a far-reaching effect on service morale at home or on our widely flung posts, ships and bases around the world and thus effectively strengthens the defense of our country.

be limited to those in connection with bodily injury and surgical operations. In general civilian medical facilities will furnish the same care as the service hospitals, with the exception of ordinary out-patient services.

Dependent spouses and children in civilian hospitals will be required to pay \$25 or \$1.75 per day times the number of days hospitalized, whichever is the higher, for each period of hospitalization. The government will pay the balance of the hospital bill.

acute exacerbations and complications), nervous and mental disorders, elective medical and surgical treatment, domiciliary care and treatment or procedures normally considered to be out-patient care.

The regulations are still in a fluid state and are subject to change before final adoption. It is expected that all details will be in final form prior to the commencement of the care program on December 7, and probably will appear by the time the above is published.

The provision that Indiana will operate on a "normal and usual" fee basis appears now to be assured. This is a special arrangement made to avoid an arbitrary fee level which in our state would not conform to the normal fees in all communities. The fees should be determined with the knowledge that 68 percent of the service

personnel have an income of \$3,300 or less. The success of this part of the plan will depend upon the wisdom and integrity of each individual physician. If successful it may be the pattern for other states, all of which, at this time, are expected to adopt and start their programs with set fee schedules.

HOW DOES YOUR COUNTY RATE?

A RECENT REPORT on 56,356 first-grade school children of Indiana shows that only 61.8 percent of them have ever been vaccinated against smallpox and only 67.3 percent have ever been immunized against diphtheria.

The report also indicates that only 29.5 percent of the same children have been vaccinated against smallpox since the age of 5, and only 41.7 percent have received immunization for diphtheria since the age of 5.

The information is based on reports from 85 counties. It covers 56,356 first graders, which is approximately 55 percent of all first-grade students in the state. The State Department of Public Instruction and the Indiana State Board of Health collected the figures by sending questionnaires to all Indiana school superintendents.

The counties vary over a wide range with percentage figures from 99.5 down to 0.4. Wabash county is rated in first place in all four categories with percentages of 98, 85.1, 99.5 and 90.5.

Madison county is second with 89 percent having been vaccinated once for smallpox. Steuben county is second in smallpox vaccination after the age of 5 with a percentage of 73.2.

Delaware county is second with 91.1 percent having been immunized once for diphtheria, and Vermillion county is second for diphtheria immunizations after the age of 5 with 80.2 percent.

Many of the counties report less than 30 percent immunizations, and several even below 10 percent.

The fact that some counties have figures around and above 90 proves that immunization can be made almost universal.

The fact that epidemics of smallpox and diphtheria still occur as evidenced by an epidemic of diphtheria in Indiana within the last year makes it apparent that universal immunization is necessary and important. All counties in the state should be able to report percentages in excess of 90.

DEDUCTIBILITY FOR REFRESHER COURSES

A PORTION of the proposed regulations of the Internal Revenue Service, recently published, deals with the deductibility of a physician's expenses in taking refresher courses. The important aspect of the publication at this time is that it is a proposed regulation and is not operative as yet. Excerpts from the proposed regulations are printed here:

Proposed Regulations Under 1954 Code

(c) Expenditures by a taxpayer for his education may be deductible under the provisions of paragraph (b) if they are for education of a "refresher" or similar type necessary to maintain (but not to advance) the skills directly and immediately required by the taxpayer in his trade or business. Among the factors which will be

considered as indicating that education is of a refresher or similar type are that it is especially designed for, and attended primarily by established practitioners or members of a trade or business for purposes such as keeping abreast of current developments in such trade or business; is of short duration; is not taken on a continuing basis; and does not carry academic credit. Similarly, among factors indicating that the education is not of a refresher or similar type are that it is generally designed for persons preparing to enter an employment or otherwise become established in a trade or business or specialty therein; is more than short duration; is for the continuing improvement and advancement of the taxpayer's talent or skills; or carries academic credit.

* * * * *

(f) Where a taxpayer travels away from home primarily to obtain education the expenses of which are deductible, his expenditures for travel, meals, and lodging while away from home are deductible. However, where as an incident of such trip the taxpayer engages in some personal activity such as sightseeing, social visiting or entertaining, or other recreation, the expenses of such personal activity constitute non-deductible personal or living expenses and will not be allowed as deductions. Where the purposes of a taxpayer's travel away from home are primarily personal, the taxpayer's expenditures for travel, meals and lodging will be disallowed whether or not the taxpayer participates incidentally in some

educational pursuit meeting the requirements of paragraph (c) of this section. Whether the purposes of a particular trip are primarily personal or primarily to obtain education meeting the requirements of paragraph (c) of this section will depend upon all the facts and circumstances of each case. An important factor in making the determination will be the relative amount of time devoted to personal activity as compared with the time devoted to educational pursuits. Expenses in the nature of commuters' fares are not business expenses and are not deductible.

(g) The provisions of this section may be illustrated by the following example(s):

* * * * *

Example (2) A, a general practitioner of medicine takes a course of study to become a pediatrician. B, a general practitioner of medicine takes a two-week "refresher" type course reviewing developments in several specialized fields, including pediatrics, for the purpose of carrying on his general practice. A's expenses are not deductible. B's expenses (including any transportation expenses and living expenses while away from home) are deductible.

* * * * *

The above is published for information. As of the date of this writing the regulation has not been adopted, and will not be in effect until formal adoption. Proper announcement will be made when and if the proposed regulation becomes operative.

WE PREPARE VOLUME 50 . . .

The JOURNAL of the Indiana State Medical Association will be fifty years old in January.

In the large family of scientific journals we are middle-aged . . . neither as old as the oldest nor as young as the youngest. In Volume 50—Number 1 The JOURNAL will reproduce some of the material which gave Volume 1—Number 1 such an auspicious start in 1908. There'll be some discussion of then and now, some summaries of activities in Indiana medicine in the month of January, 1908.

The JOURNAL staff plans to include some of the old with the new throughout our Fiftieth Anniversary year.

The President's Page

*"The heavens declare the glory of God;
and the firmament sheweth his handiwork."*

IT IS MOST FITTING and proper that these immortal words at the beginning of the nineteenth Psalm should have been selected to be cut in stone at Butler University's beautiful Observatory and Planetarium. If at no other time, we soon gain an impression of man's relative insignificance when we see the immensity of the universe, and are told that what we can at present see with our finest telescopic aids is but an unknown fraction of what may exist beyond.

"What is man that thou art mindful of him?" is indeed an appropriate question at a time like this in the face of all this immensity in time and space relationships so vast they are measured in terms of light-years. Related to these things, it makes man and his achievements seem puny and unimportant indeed, except—and it is a big exception—the one great imponderable, the mind and soul of man.

How does all this fit into the equation of the practice of medicine and our part in it? Our responsibility as physicians is not limited to the care and repair of injured and mal-adjusted protoplasm, important though that may be, but should and must include the restoration of mental and spiritual values to the patients who seek our services. We see this demonstrated every day in our practice by patients seeking a mental and spiritual lift as much as the improvement they might expect to gain from an operation or course of medical treatment. Our increased attention to mental health clinics, conferences and facilities, and the advice of many psychiatrists for their patients to seek spiritual aid in faith and religion are indications that this side of medicine is not being neglected.

And now, as this began with the first verse of the nineteenth Psalm, allow me to close it with the last verse of the same Psalm:

"Let the words of my mouth and the meditation of my heart, be acceptable in thy sight, O Lord, my strength and my redeemer."

And a very Merry Christmas to you all, is my sincere wish and greeting.

Elton R. Chance, M.D.

The Women's Auxiliary

REPORTS TO I.S.M.A.

The Woman's Auxiliary to the Indiana State Medical Association has an exceptional AMEF committee this year. Mrs. Alvin Schaaf, Jamestown, state chairman, is being assisted by Mrs. F. C. Schwartz, 316 Kingston Road, Kokomo; Mrs. Ted Grisell, 5441 Broadway, Indianapolis; and Mrs. A. B. Scales, Huntingburg.



Mrs. Alvin Schaaf
Jamestown



Mrs. F. C. Schwartz
Kokomo



Mrs. Ted Grisell
Indianapolis



Mrs. A. B. Scales
Huntingburg

Following is a letter from Mrs. Schaaf regarding AMEF:

Dear Doctors:

This is a letter about A.M.E.F. Those are very important letters in the lives of every doctor today. The American Medical Education Foundation is primarily a foundation to get more money into our medical schools to prevent federal funds from becoming necessary to keep adequate faculties and facilities. With higher salaries and expensive equipment necessary, much more money is required than private enterprise and business is able to provide. The Auxiliaries to Medical Societies all over the nation have taken up the challenge and this past year more than \$100,000 was raised by the Auxiliaries. Indiana was highest with \$8,665. Over one-third of this amount was given through the use of memorial cards.

Two kinds of cards are now in use for A.M.E.F., namely the Appreciation and the Sympathy cards. The Appreciation cards are to be used by those who wish to give someone a gift but find selection difficult. Send the card to the one honored, but send the money to A.M.E.F. in their name. What a unique way to say Merry Christmas!

The Sympathy cards are used instead of flowers. If Medical Societies and individual members would send a token bouquet, then give the remainder of the money to A.M.E.F. it would be a real boost to the Foundation.

At the convention several doctors stopped at the A.M.E.F. booth and asked to have the card plan explained. This year if each Auxiliary would explain their use to their own Medical Society, the cards would come into more popular use.

We will try to keep Indiana on top. We are working to reach our goal of \$5.00 per capita or \$10,000 for the state of Indiana.

Sincerely yours,
Mrs. Alvin Schaaf
State Chairman of A.M.E.F.

Let's all help Mrs. Schaaf and her committee achieve that goal. Let's keep Indiana on the top rung of the A.M.E.F. ladder, a ladder built of dedicated dollars which will help keep our medical schools free in the American way.

In closing I borrow the words of Charles Dickens' Doctor Marigold:

My best of wishes for your merry Christmases and your happy New Years, your long lives and your true prosperities. Worth twenty pounds if they are delivered as I send them. Remember! Here's a final prescription added, "To be taken for life."

Julia Tindall
MRS. WILLIAM R. TINDALL, President

Terre Haute Orthopedic Surgeon Named I.S.M.A. President-elect

OUR NEW PRESIDENT-ELECT, Dr. Malachi C. Topping, has long been known to Indiana medicine both for his clinical work and ability in the field of orthopedics, and for his contribution of time, effort and ideas to the Indiana State Medical Association and its component parts as represented by the Vigo County Medical Society and the Fifth District Medical Society. He was secretary of the latter from 1944 to 1948, and president of it in 1949-1951, and has served as Councilor since 1952. He has also been vice-president of the Vigo County Medical Society and secretary of the Terre Haute Academy of Medicine.

Dr. Topping is a member of many other professional societies, including the A.M.A., the Aesculapian Society of the Wabash Valley, the American College of Surgeons (Fellow), the American Association of Railway Surgeons, the Association of Pennsylvania Railroad Surgeons, the Indiana Bone and Joint Club, and the Union Hospital staff. He has been just as active in hospital work as elsewhere, having served as secretary from 1933 to 1942, and again from 1944 to 1948, with time out to be staff president in 1943.

Dr. Topping was born at Terre Haute in December, 1903, was graduated from Garfield High School, Terre Haute, earned his B.S. degree at the University of Illinois where he also was a member of Omega Beta Pi fraternity and received his M.D. degree from the University of Illinois College of Medicine in 1926. Following this he served an internship at Cottage Hospital, Santa Barbara, California, and then entered pri-

**M. C. Topping, M.D.,
President-elect of
the Indiana State
Medical Association**



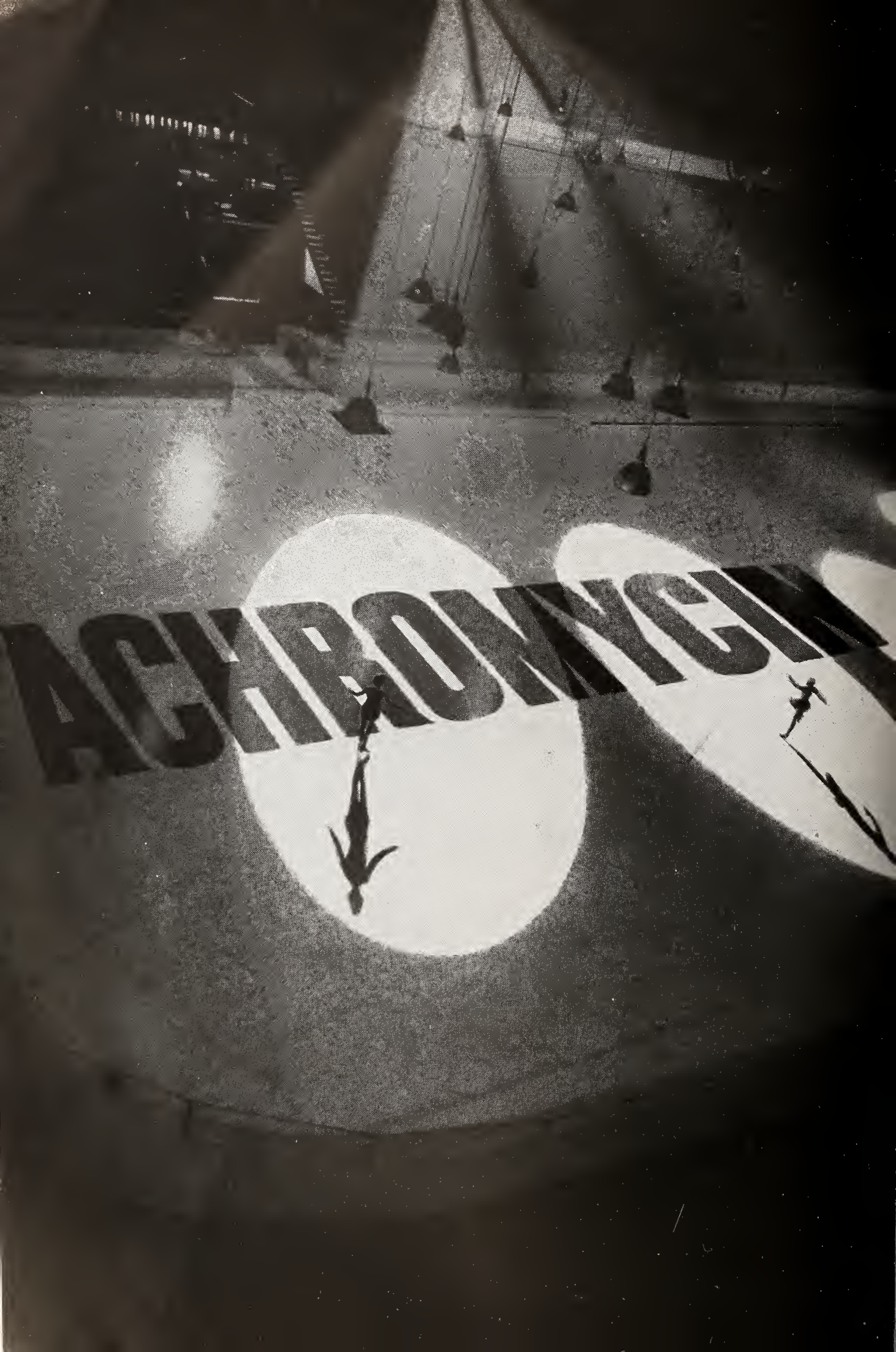
vate practice as a partner with the late Dr. A. F. Knoefel. In 1932 he completed a postgraduate course in orthopedic surgery at the New York Postgraduate School.

Other interests have received his attention, including music and art. He is an accomplished violinist, has done a great deal of painting and drawing and at one time even considered medical illustration as a career. In addition to all this he was the first Terre Haute physician to own and pilot his own airplane and is a past president of the Wabash Valley Pilots Association as well as a member of the Terre Haute Board of Aviation Commissioners.

The JOURNAL has published several articles by Dr. Topping in addition to his official reports as Councilor and in other Association capacities.

It will be of interest to many of our members that Dr. C. N. Combs, president of I.S.M.A. in 1926, is Dr. Topping's great-uncle, and that another well-remembered "old-timer," Dr. M. R. Combs, was his grandfather.

Thus thrives tradition—and the Indiana State Medical Association.



ACHROMYCIN^{*}

Hydrochloride
Tetracycline HCl *Lederle*

in the treatment of

genitourinary infections

UROLOGISTS report the decided advantages of oral efficacy, minimal side effects, and wide range antibacterial activity offered by ACHROMYCIN in the treatment of urinary tract infections.

Finland's¹ group of patients with acute infections of the urinary tract (principally *E. coli*) demonstrated excellent response, both clinical and bacteriological, following administration of tetracycline.

Prigot and Marmell² reported 49 out of 50 patients with gonorrhea showed a negative smear and culture on the first post-treatment visit. Purulent discharge disappeared in these patients within 24 hours after a usual 1.5 Gm. dose of tetracycline.

Trafton and Lind³ found tetracycline (ACHROMYCIN) an effective antibiotic for treating many urinary tract infections caused by both Gram-negative and Gram-positive organisms.

English, *et al.*⁴ noted that a daily dose of 1 to 1.5 Gm. of tetracycline resulted in urinary levels as high as 1 mg. per milliliter.

To suit the needs of your practice and to further the patient's comfort ACHROMYCIN is offered in a complete line of 21 dosage forms.



LEDERLE LABORATORIES DIVISION
AMERICAN CYANAMID COMPANY
PEARL RIVER, NEW YORK



^{*}REG. U. S. PAT. OFF.

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Indiana to Serve as Testing Ground for Setting Own Fees Under Public Law 569

JAMES A. WAGGENER, *Executive Secretary*
Indiana State Medical Association

CONTRACTS COVERING implementation and operation of the new Military Dependents Medical Care program for the State of Indiana were signed in Washington, D. C., on October 29. Signing for the Association was President Elton R. Clarke, and in behalf of Blue Shield, W. U. Kennedy, president. The program will become operative on December 7.

The law, now known as Public Law 569, was passed by the 84th Congress, signed by the President on June 7, and has been "dubbed" with the name "MEDICARE." Close inspection and study of the provisions reveal this program is an entirely different approach to the problem of providing medical and hospital care to people at government expense, and one which might establish a precedent for future programs many feel sure will develop in the coming years.

REASONS FOR LEGISLATION

Congress was told by the military they were finding it impossible to compete with private industry for manpower, due to the many fringe benefits and pay scales offered by the commercial world. It was pointed out that the military forces were experiencing a costly and heavy turnover of personnel which was due to the sense of insecurity on the part of the military man for his dependents. While this was the basic reason given, there were many others which were explained by Col. D. C. Bucannon during the October convention.

The AMA during the Clinical Session in 1954, issued a statement of policy to the effect that if such a law were adopted, "free choice" of physician should be preserved. Since last August the AMA has been in close contact with government officials, lending its assistance in the preparation of the regulations for operating

the program. While it is known many rough spots will show up in the program, both the government and medical representatives of the medical profession have endeavored to outline the program in conformance with the law, at the same time preserving the accepted principles in the practice of medicine.

THE LAW PROVIDES

Definitions are important in understanding the provisions of the law. The following definitions have been adopted for the purpose of the program.

DEPENDENT means any person who bears to a member or retired member of a uniformed service, or to a person who died while a member or retired member of a uniformed service, and of the following relationships: (1) the lawful wife; (2) the unremarried widow; (3) the lawful husband, if he is in fact dependent on the member or retired member for over one-half of his support; (4) the unremarried widower, if he was in fact dependent upon the member or retired member at the time of her death for over one-half of his support because of mental or physical incapacity; (5) an unmarried legitimate child (including an adopted child or stepchild), if such child has not passed his twenty-first birthday; (6) an unmarried legitimate child (including an adopted child or stepchild) who (a) has passed his 21st birthday, if the child is incapable of self-support because of mental or physical incapacity that existed prior to his reaching the age of 21 and is, or was at the time of the member's or retired member's death, in fact dependent on him for over one-half of his support, or (b) has not passed his 23rd birthday and is enrolled in a full-time course of study in an institution of higher learning, and is or

was at the time of the member's or the retired member's death, in fact dependent on him for over one-half of his support.

DEPENDENT ELIGIBLE FOR CIVILIAN MEDICAL CARE means the lawful wife or the dependent lawful husband (spouses) and children who are dependents of members of the uniformed services.

DIAGNOSIS—a determination of the existence and nature or absence, of disease, injury by history with physical and mental findings, including physical examinations and the utilizations of medically accepted diagnostic procedures, e.g., laboratory tests, pathology and x-ray examinations.

OUTPATIENT CARE—the medical services which are normally performed in the home, a physician's office, or the outpatient department of a hospital, clinic or dispensary.

MATERNITY AND INFANT CARE—Medical and surgical care for the mother incident to pregnancy, including prenatal care, delivery, postnatal care, including care of the infant, and treatment of complications of pregnancy. An infant 60 days of age or under is entitled to newborn infant care from civilian sources other than in a hospital. Necessary or required infant care shall be provided during the period of hospitalization following delivery. If the infant requires further hospitalization, such care is authorized as a continuation of the original admission. As a part of complete maternity service, newborn infant care outside of a hospital, including immunization, is also authorized at Government expense for a maximum period of 60 days following delivery but not to exceed a total of two visits by a physician or to a physician after discharge from the hospital.

It should be pointed out that the law consists of three sections covering this program; the first provides for medical care and hospitalization in the military facilities, the second outlines the care authorized from civilian sources, and the third covers some of the technical administrative features.

We are concerned only with the provisions for care from civilian sources. The military will determine the eligibility of dependents for care from civilian sources. When the program is first in effect, the form to be used in certifying the eligibility of the dependent is not certain.

However, by July 1, 1957, eligible dependents will have what will be known as an "ID Card" known as DD form 1173. This card will certify the dependent as being eligible for care at government expense and from civilian sources. Physicians are warned that they must use reasonable care in determining the patient's eligibility for civilian care at government expense, or they may find the government refusing the payment of their claims. It is intended that the ID card expiration date will coincide with the enlistment expiration. Exceptions to this will be separation from the services for other causes prior to the enlistment period. It is pointed out that physicians who have exercised reasonable care in determining the patient's eligibility will be paid for services provided under the law even though the dependent is not eligible for other reasons, such as forgery of credentials, etc.

Normally dependents under this program will have free-choice of civilian facilities, except that the military may require dependents who reside with their sponsors to seek care in a military facility if it can provide the services and the facility is considered adjacent to the residence of the sponsor. Restrictions on freedom of choice are entirely waived when the dependent is not residing with the sponsor, and in cases of bona fide emergencies, e.g., serious injury following an accident or illness of sudden onset requiring immediate treatment at the nearest available medical facility to preserve life, health, or to prevent undue suffering.

MEDICAL AND HOSPITAL CARE AUTHORIZED FROM CIVILIAN SOURCES

The following care is authorized: (1) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic diseases only during hospitalization; (2) treatment of surgical conditions only during hospitalization except as otherwise provided, e.g., fractures, dislocations, suturing of wounds as a result of an accident, and OB care; (3) treatment of contagious diseases during hospitalization; (4) complete obstetrical and maternity care; (5) 365 days hospitalization in semi-private accommodation for each admission, including all necessary services and supplies furnished by the hospital during hospitalization; (6) services required of a physician or surgeon prior to and

following hospitalization for a bodily injury or surgical operation: (7) treatment in a hospital of acute emergencies of any nature which are a threat to life, health, well-being of the patient including acute emotional disorders: (8) diagnostic tests and procedures, including laboratory tests and pathology and X-ray examinations, when ordered by the attending physician, only during hospitalization, except as otherwise provided; (9) dental care which is a necessary adjunct to medical or surgical treatment in a hospital. Such dental care shall not include prosthodontic restorations.

SERVICES NOT PROVIDED AND NOT AUTHORIZED

The following services will not be provided at government expense under PL 569: (1) Chronic diseases; (2) nervous and mental disorders; (3) elective medical and surgical treatment; (4) domiciliary care; (5) treatment or procedures normally considered to be outpatient care; (6) ambulance service.

CHARGES TO BE MADE TO PATIENT

The government has provided that in certain instances the patient will be required to pay certain sums. In case of hospitalization, the patient must pay the first \$25.00 of the hospital charges or \$1.75 per day times the number of days, whichever amount is the greater. Physicians, providing eligible outpatient services, will collect the first \$15.00 of their charges from the patient. If hospital care is provided in a private room because the attending physician certifies such private room care is necessary for the proper care and treatment, the charges to the patient will be predicated upon the above formula and in addition 25% of the difference between private rooms and weighted average of cost of semi-private room charges. Whichever amount is greater the patient will pay.

If hospital care is provided in a private room at the desire of the patient, the patient will pay according to the above formula, plus the difference between the private room cost and the weighted average of the semi-private rooms. If during hospitalization, private duty nursing care is required for proper care and treatment and is so certified by the attending physician, 75% of the charges in excess of \$100 for private duty

nurses will be paid by the government. Patients delivered in the home or office shall pay the first \$15 of charges in connection with the delivery if not subsequently hospitalized.

PHYSICIANS' CHARGES FOR SERVICES

Physicians will be supplied with claim forms for the purpose of filing their claims for services provided under this program. It will be a four-part carbonized claim form at the beginning of the program, but the government has promised to try to develop a single page form for use by physicians. Physicians filing claims will send them to the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana, where they will be processed for payment and sent to Blue Shield, who will write the checks, mail them direct to the physician, and keep the statistical records required by the government.

Indiana has the distinction of testing for the government an entirely new philosophy as far as charges by physicians are concerned. Believing that Indiana physicians would provide better medical care, at a fair price, if they were not required to work under a rigid fee schedule, your Association sought and was granted permission to test the idea of allowing physicians to bill their usual fees for their services in accordance with their customary practice in providing medical care to individuals in a like economic status on a private basis. It is pointed out that 68 percent of those eligible for care under this program fall within an income level of \$3,500 or less per year. Therefore, following usual practice, a physician would not charge such patients the same fees he would normally charge a patient with an income of \$6,000 or more per year.

President Clarke has appointed a Board of Review who will review all claims for payments under the program, and this Board will process and approve or disapprove physicians' claims for payment. Physicians who attempt to overcharge these dependents, in the opinion of this Board will be required to substantiate their charges before the claims will be cleared for payment.

On receiving the acceptance of the government to approve this idea, the Association submitted

(Please turn to page 1582)

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what is known as an estimated average fee schedule, which is believed to represent the average cost of various procedures throughout the state. This will be used as a bench-mark in operating the program, and the cooperation of physicians in making their charges will permit the Association to uphold its statement. "That they believed the average charges of Indiana physicians would not exceed these amounts when averaged out at the end of the year."

This arrangement it is hoped will establish a precedent which will preclude physicians from the necessity of being regimented under a rigid fee schedule in this and other government programs which are sure to develop in future years. The government is watching the Indiana experiment with much interest, and has stated . . .

"If you can prove physicians can be allowed to set their individual fees without relation to a fee schedule and the cost of operating the program under this basis is no more expensive than in other areas of like economic status where physicians operate under a schedule, then we will be willing to consider relaxing our restrictions on other physicians throughout the country."

Therefore the Indiana plan offers a challenge to Indiana physicians. It affords the opportunity to establish a precedent for the medical profession which should do much in preserving the valuable heritage of the profession in our country, continuing unhampered and unregimented in its continual advancement of the health of the American people and of people throughout the world.

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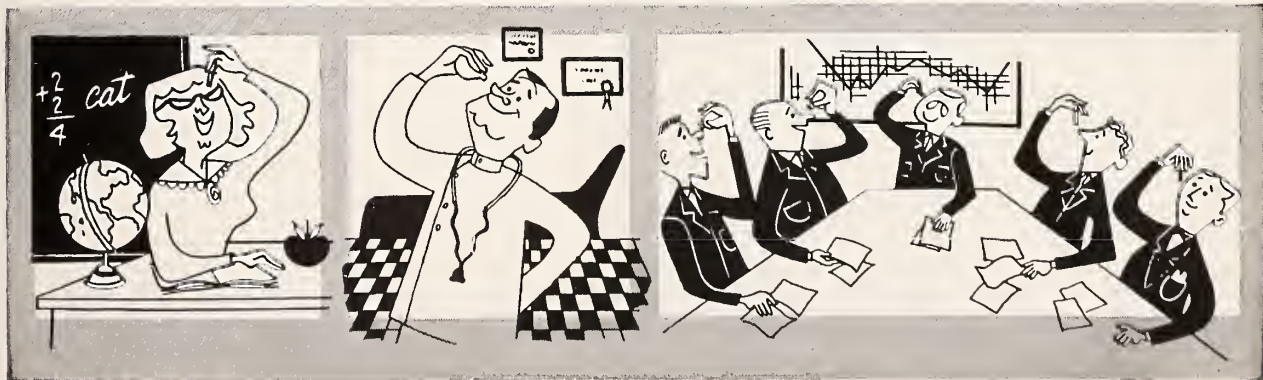
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Academy of Medicine of Cincinnati Plans Centennial Celebration

THE ACADEMY OF MEDICINE of Cincinnati will observe the 100th anniversary of its beginning with a week-long celebration February 27-March 5, 1957. The Centennial Exposition to be held in Cincinnati's historic Music Hall which has attained world renown as the home of the Cincinnati Symphony Orchestra and of the Cincinnati May Festival of Music will be the scene for the public events associated with the observance.

There will be a 175-booth exhibition embracing participants from the fields of science, research, medicine, health, community service and related areas of education, business and industry. The Centennial Exposition will be free to the

public with special escorted visitation for school children's groups.

Educational movies and informative lectures on medical, science and health subjects will be given during the Exposition with utilization of the Springer Auditorium facilities accommodating as many as 4,200 at one sitting.

"JUNO" ON DISPLAY

The exhibition of "Juno," a transparent plastic depiction of the female body will be of wide interest. This educational health exhibit which makes clear all the bones, veins, arteries, nerves, lymphatic system and principal internal organs has been loaned to the Cincinnati Academy by the Dominican Republic where it has been on exhibit during the 1956 Dominican International Exposition. The "Juno" exhibit which operates with electronic controls also embraces a message accompanying each 15 minute description of the processes and functions of the various parts of the female anatomy.

The American Museum of Atomic Energy, Oak Ridge, Tennessee is providing a 4,000 square feet exhibit highlighting "Atoms for Peace."

Visiting speakers of the medical profession have been invited to address public evening meetings during the Centennial week.

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Students Winning AMA's Science Fair Awards to Exhibit at 1957 Convention

THE TWO HIGH SCHOOL STUDENTS winning top AMA awards at the National Science Fair next spring will be invited to be guest exhibitors at the AMA's Annual Meeting June 3-7 in New York City. Dr. Alphonse McMahon, chairman of the Council on Scientific Assembly, will serve as chairman of the AMA judging committee at the Fair in Los Angeles May 9-11. The AMA awards—two "firsts" and two "honorable mentions"—are in addition to those awarded by Fair officials, and are presented by AMA for the best exhibits in the basic medical sciences as an encouragement to scientifically-talented students to enter the study of medicine. This will be the second year of AMA participation.

Approximately 800 persons will attend the National Science Fair, featuring an expected 340 student exhibitors—two finalists from each of

the 170 cooperating regional fairs. More than 250,000 high school students now are building exhibits for the 1957 preliminary fairs sponsored by community groups interested in the development of young scientists.

The National Science Fair has increased in size from 13 supporting regional fairs in 1950 to the 170 fairs expected to send finalists this spring. A considerable part of this growth is due to stepped-up activity by medical societies in sponsoring or aiding local fairs. The AMA House of Delegates noted this expanding participation and urged even greater support of science fairs by medical societies in a resolution adopted at the 1956 Annual Meeting. Information on organizing and operating a local high school science fair is available from Science Clubs of America, 1719 N Street, N. W., Washington, D. C.

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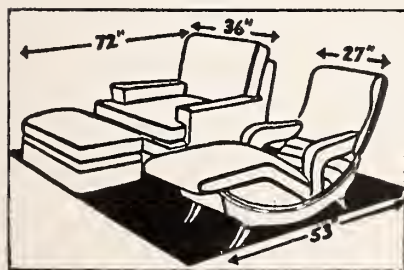
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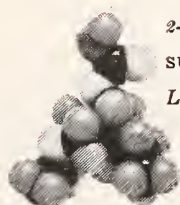
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Jet-Atomic Flight Problems Highlight Aero Medical Association 1957 Meeting

MEDICINE IN THE JET-ATOMIC AGE of flight will be the central theme of the 28th annual meeting of the Aero Medical Association at the Shirley Savoy Hotel in Denver, May 6-8, 1957, under the presidency of Dr. Jan H. Tillisch, Rochester, Minnesota, medical director of Northwest Airlines.

The scientific program will include reports on emergency escape from high performance aircraft, new developments in airline passenger comfort and safety, and current research in manned space satellites, Dr. Tillisch announced. The American Board of Preventive Medicine will conduct examinations for certification in aviation medicine in Denver from May 3 to 5.

Special events include the third Louis H. Bauer Lecture, established in 1954 as a living

tribute to the Association's founder and first president, presentation of the Lyster, Longacre, and Tuttle Awards, the highest honors in aviation medicine, and an extensive display of scientific exhibits. The first recipient of a new aeromedical medal, sponsored by Charles Pfizer and Company, will also be announced. The president-elect, Dr. Ashton Graybiel, research director of the U. S. Naval School of Aviation Medicine, Pensacola, Florida, will be installed in office at the annual banquet on May 8.

Dr. Nolie Mumey, Denver, is general chairman of the meeting. Speakers desiring to participate in the scientific sessions should send the title of the proposed paper and a 150-word abstract promptly to Dr. E. J. Baldes, Chairman of the Scientific Program Committee, Mayo Clinic, Rochester, Minnesota.

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Abstracts:

ACUTE LEUKEMIA IN ADULTS

Moynihan, J. W., and Berman, L.: J. Mich. State Med. Soc., 55:309-314, 1956.

The authors have treated five adults with acute leukemia with a combination of 6-Mercaptopurine and either ACTH or cortisone. Because of the delay in appearance of results from 6-Mercaptopurine a steroid is started at the same time. The dosages used were 120 units of ACTHAR daily or 300 mg. of cortisone by mouth with reduction of this dosage in a few days. 6-Mercaptopurine was given in dose of 2.5 mg. per kg. until either a hematologic remission or toxicity appeared. The patients were given extra potassium chloride and were maintained on a low sodium diet. Whereas the average survival rate of untreated leukemia is between three and four months, in this present small series three patients were alive at the end of ten months, seventeen months, and twenty months, respectively. The other two have been alive seven and eleven months. These results are better than are usually expected with the use of either steroids or 6-Mercaptopurine alone.

Stephen L. Johnson, M.D., Evansville.

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MIRACLE DRUGS AND ELECTROSHOCK— WHAT THEY CAN AND CANNOT DO

Pearson, Manuel M., M.D.: Rhode Island Medical Journal, 39:141-143, March, 1956.

The use of the new tranquilizing drugs, Chlorpromazine (Thorazine) and reserpine (Serpasil, etc.) and electroshock therapy in the treatment of mental illness is discussed.

These new therapeutic agents are discussed as to their usefulness in such conditions as: 1) Quietening all types of excitement regardless of etiology; 2) Improving ward atmosphere; 3) Improving behavior problems in children; 4) Reducing the number of electroshock treatments; 5) Reducing the number of lobotomies performed; 6) Discharge of some chronically ill patients from mental hospitals; 7) Treating patients on an out-patient basis where previously they required hospitalization; and 8) Aid in psychotherapy.

The author also points out what the new agents cannot do: 1) Cannot completely cure any individual case; 2) Cannot relieve the excitement of every agitated patient; 3) Cannot take the place of all previous treatments in psychiatry such as psychotherapy, insulin shock therapy, and electroshock therapy; 4) Do not aid in depression states since they have themselves a depressing effect; 5) Cannot reduce the number of mentally ill in the future; 6) Have limited value in the psychoneuroses and no value in personality disorders of adults.

The author states that electroshock therapy is most beneficial in involutional melancholia, but is also of limited value in the manic phase of manic-depression and the acute excited schizophrenic.

In summary:

- 1) The new tranquilizing agents have their place in modern psychiatry.
- 2) Electroshock has a definite place in the psychiatric armamentarium.
- 3) Both are purely symptomatic treatment.
- 4) The new agents help shorten the period of mental illness.
- 5) They will not empty our mental institutions.
- 6) They will not prevent future psychoses or neuroses.
- 7) They have no specific value in the psychoneuroses.
- 8) They have no specific value in the personality disorders.
- 9) They will not take the place of psychotherapy.
- 10) They have not spelled the millenium of psychiatry.

L. L. Frank, Jr., M.D., South Bend.



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Deaths . . .

Benjamin F. Hatfield, M.D., 68, died October 15 in St. Vincent's Hospital, Indianapolis.

Dr. Hatfield had practiced in Indianapolis since 1916. He was a general practitioner and from 1917 to 1948 served as the head of the medical and safety department at Eli Lilly and Company. From 1948 until 1953, when he retired from that post, he acted as a consultant in the Lilly medical department.

A native of Pike county, Dr. Hatfield was educated in Indianapolis schools and obtained his medical degree from Indiana University School of Medicine in 1916. He interned at St. Vincent's Hospital.

Dr. Hatfield was a member of the Indianapolis Medical Society, the Indiana State Medical Association and the American Medical Association.

John S. Coffman, M.D., 93, who practiced in Muncie for 54 years prior to his retirement in 1949, died October 22 in Moosehaven, Florida at the Moose lodge home for the aged. He had been active in the lodge for many years, serving in several state and national offices. He had also been active as a member and officer of the Indiana Red Men's Lodge. Dr. Coffman served as a member of the Muncie board of safety during two city administrations.

William Wendell Jones, M.D., 50, Frankfort physician, was found dead in his home late in October. He was believed to have died probably a week before of a heart attack. Dr. Jones had closed his office three months before his death because of ill health. He lived alone while his two daughters attended Indiana University.

Dr. Jones received his degree in medicine from Indiana University School of Medicine in 1929. He served during World War II but was discharged because of ill health. He was a member of Clinton County Medical Society and the Indiana State Medical Association.

J. Ross Tracy, M.D., 70, Anderson physician, died November 1 in St. John's Hospital, Anderson.

Dr. Tracy was a 1909 graduate of Indiana University School of Medicine and had been in general practice since that time, specializing for a number of years in x-ray work. His father, Dr. F. L. Tracy, also practiced in Anderson many years.

Dr. Tracy served in the medical corps during World War I and had been active in veterans' organizations.

He was a member of Madison County Medical Society and the Indiana State Medical Association.

CLEARVIEW

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Convention Notes and Photographs

First official act at the 107th Annual Convention of the Indiana State Medical Association, held in Indianapolis October 15-18, was the certifying of credentials of members of the House of Delegates and advance registration of the delegates prior to their first session in the Student Union Building, Indiana University Medical Center.

At right top, Dr. William E. Amy, Corydon, chairman of the Committee on Credentials and a member of that committee since 1936, confers with Miss Elsie Reid, ISMA headquarters staff, who has supervised registration at many medical conventions.



Total registration was officially reported at 2,365. Of that total 1,220 were physician members of ISMA, 58 were guest physicians, 75 were interns and residents in Indiana hospitals, 156 were medical students, 15 were registered nurses, 27 technicians, 124 guests, and 424 exhibitors.



Dr. Walter U. Kennedy, New Castle, 1955-56 president of Indiana State Medical Association, is shown at right center addressing the first meeting of the House of Delegates. An acute case of iritis failed to keep Dr. Kennedy from attending all sessions; he protected his eyes with dark glasses. Miss Lucille Kribs, assistant executive secretary, is at right end of table.



Mrs. William R. Tindall, Shelbyville, state president of the Woman's Auxiliary to the ISMA, reporting to the House of Delegates on the activities and projects of the Auxiliary. Mrs. Tindall's address is included in the official Proceedings of the convention.



Random photographs taken in the Murat Temple lobby show many familiar faces and interested groups viewing the unusually fine exhibits.

A center aisle in the exhibit hall in Murat Temple shows representatives of technical exhibitors eagerly explaining their products to visiting physicians. Improved equipment for use by both physicians and patients was displayed by several supply houses. So many new pharmaceutical products were shown, one physician commented, "This is as good as a PG course".

Dr. Dwight H. Murray, president of American Medical Association, has an interested audience as he recounts experiences for Howard Cartwright, AMA public relations department. Dr. Elton R. Clarke, Kokomo, 1956-57 ISMA president, and Dr. O. T. Scamahorn, Pittsboro, Indiana's "Physician of the Year."

Two old friends from the 11th Medical District take it easy in the Murat lobby where they greet acquaintances from all over the state. Upper left photo shows Dr. Grover M. Nie, Huntington, and Dr. George R. Daniels, Marion.

Center pictures are of Dr. Joseph R. Bloomer, Rockville, Dr. J. William Wright, Indianapolis, and Dr. Gordon B. Wilder, Anderson.

Dr. Murray, left, Dr. Clarke, center, and Dr. Cleon A. Nafe, Indianapolis delegate to AMA, pose together in lower left photograph.

Dr. Carl Habich, Indianapolis, chairman of the ISMA Section on Obstetrics and Gynecology, is shown in lower right photograph.

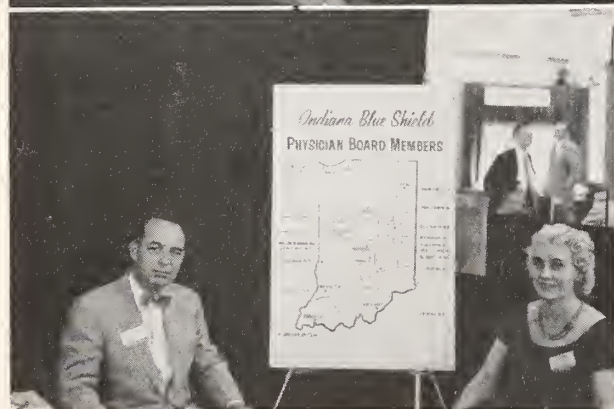




Mrs. G. T. Paulissen and Mrs. Glenn Conway, members of the Indianapolis Woman's Auxiliary, take their turn at the American Medical Education Foundation booth where they explain the work the Indiana Auxiliaries are doing to further this program. Literature was distributed by the Auxiliary throughout the convention. The cards used in lieu of gifts and flowers to raise AMEF funds were displayed and pledge envelopes were available.



Dr. A. W. Cavins, Terre Haute, associate editor of *The JOURNAL*, poses in *The JOURNAL* booth. Dr. Cavins graciously furnished most of the photographs used in this section. Unknowingly, he was serving as official photographer, inasmuch as many of the photographs intended for use in this issue of *The JOURNAL* did not develop properly for reproduction.



The Indiana Blue Shield booth was a popular spot during convention. It was manned by L. E. Converse and Jo Herrington, who are pictured here. Their central display was a map of Indiana showing geographical location of the physician members of the Blue Shield Board.



Another view of the exhibit hall is shown with scientific exhibits at far right and technical exhibits on the left. The photograph was taken during a lull in activities to permit a long range view of this aisle.

At every opportunity, Dr. Elton R. Clarke, ISMA president, and Dr. Dwight H. Murray, AMA president, discussed problems common to the medical profession whether on state or national level. Foremost in many conversations during convention were the Medicare program and its implementation and new provisions under Social Security.

The annual luncheon meeting of the Section on Obstetrics and Gynecology was held in the Athenaeum. A group at the U-shaped table listens attentively to one of the guest speakers.

The Editorial Board of The JOURNAL held two luncheon meetings during convention to accommodate as many members as possible. Dr. A. W. Cavins, associate editor, took this photograph which shows, clockwise, Dr. Frank B. Ramsey, Indianapolis, editor; Dr. Lall G. Montgomery, Muncie, associate editor; Dr. Carl S. Culbertson, South Bend, Editorial Board; Mrs. Jeanne S. Grover, editorial secretary, and Dr. David A. Bickel, South Bend, associate editor.

Fifty Year Club members and their families had their own party in the Continental Hotel where Dr. Walter F. Kelly had planned a reception and a brief program. Dr. Howard Stone of the Irvington Presbyterian church spoke and Miss Janine Crease, a student nurse at St. Vincent's Hospital, sang several selections.

Entertainment on all three evening programs was of high caliber. Top rating was won by the Crusty Crumbs, the Dixieland band composed of physicians from the Greater Lafayette area who made their third appearance at an ISMA convention on Tuesday evening; and by the Wednesday night performance of the Indianapolis Symphony Orchestra under the direction of Renato Pacini, with Bobby Hackett and his five-piece band as guests.

Noted speakers from throughout the U.S. participated in scientific meetings. Crowds



for the general meetings were excellent with more than 500 physicians attending the program on "Hypnosis".

Fifty golfers participated in the annual Golf Tournament at the Indianapolis Country Club. Each player received two golf balls on the first tee. Prizes were given for the three low gross, three low net scores, the longest drive on No. 1, closest to the pin on No. 6, and highest gross score. Low gross was tied at 73 between Drs. Boyd Burkhart and John Beeler. Low net was won by Dr. Vance Chattin with a 69. Dr. J. M. McIntyre was golf chairman.

At the Annual Trap Shoot at the Indiana Gun Club, Class A winners were: 1st—Dr. M. C. Salb, Indianapolis, and Dr. Byron Nixon, Farmland; 2nd—Dr. C. M. Donahue, Carmel; 3rd—Dr. John Lansford, Redkey;

Dr. O. T. Scamahorn of Pittsboro

Selected Physician of the Year

FORTY-EIGHT YEARS AGO Dr. O. T. Scamahorn opened his office for general practice in Pittsboro. He promised himself then that if the people in Hendricks county came to him for medical services and if he made a good living, he'd stay right there and continue to take care of his friends and neighbors. Everything turned out just as he planned and this year his unfailing service paid off in a new way—his colleagues in the Indiana State Medical Association voted him "Physician of the Year".



Dr. O. T.—his patients call him that to avoid confusion—practices now with his son, Dr. M. O. Another son, Dr. M. N. Scamahorn, is in practice in Kokomo. He takes things a little easier but still averages one night call a week.

To qualify him for the title "Physician of the Year", Dr. Scamahorn's county medical society said "he has been an outstanding physician, civic leader, and an ardent worker for organized medicine. He has been an outstanding diagnostician, obstetrician (he has delivered more than 4,000 babies), and a willing medical servant."

Dr. O. T.'s philosophy is summed up in

his statement "a doctor should realize he is a servant of the people and has no time of his own." His belief that people are inherently honest has paid off, too. He tells of one man who paid a 27 year old medical bill which he had forgotten about.

The new ISMA "Physician of the Year" has been a member of all component medical societies since he began practice. He has served in all county and district offices, has been district councilor, member and chairman of several important ISMA committees, and a delegate to the annual convention for many years.

Dr. Scamahorn is a staunch believer in the need to keep medical standards high. He was a member of the legislative committee which, through legislative action, effected the important raising of requirements for medical licensure in Indiana. He also thinks frequent postgraduate or refresher courses are essential to every physician, regardless of type of practice or age.

At 72, Dr. Scamahorn looks back with satisfaction on the five weeks in 1918 when he drove two teams and a spring wagon throughout the countryside caring for hundreds of people during the influenza epidemic without sleeping at home a single night; to the days when he waited tables to earn his tuition; to the early lean years. Those experiences are part of a life devoted to his profession, his family, and his community.

On December 23 Dr. and Mrs. Scamahorn celebrated their golden wedding anniversary.

Convention Notes (Continued)

and Dr. N. D. Moran, Versailles; 4th—Dr. H. N. Smith, Brookville.

Class B winners were: 1st—Dr. W. B. Shullenberger, Indianapolis; 2nd—Dr. J. W. Strayer, Lafayette; 3rd—N. Salb, Indianapolis; 4th—Dr. Hugh Williams, Indianapolis.

Dr. L. A. Ensminger was acting chairman for the shoot.

Attendance prizes went to Drs. L. H. Wiatt, Knightstown; Basil M. Merrill, Rockville; Gordon B. Wilder, Anderson; Forrest Denny, Indianapolis; Millard L. Hoyt, Indianapolis; Georgianna Lutz, Gary; John M. Palm, Brazil; Marvin R. Davis, Columbus; William L. Strecker, Terre Haute, and J. A. Torrella, Indianapolis.

in bronchial asthma

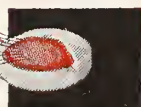
clinical evidence^{1,2,3} indicates that to augment the therapeutic advantages of the "predni-steroids" antacids should be routinely co-administered to minimize gastric distress

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References: 1. Boland, E. W., *J.A.M.A.* 160:613, (February 25,) 1956. 2. Margolis, H. M. *et al*, *J.A.M.A.* 158:454, (June 11,) 1955. 3. Bollet, A. J. *et al*, *J.A.M.A.* 158:459, (June 11,) 1955.

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NEWS NOTES—from State and Nation

Dr. A. W. Cavins President of Aesculapian Society for 1957

Dr. A. W. Cavins, Terre Haute, was named president of the Aesculapian Society of the Wabash Valley at the 110th annual meeting of the organization in Terre Haute on October 25. The society is the oldest medical organization west of the Alleghany mountains.

Other officers elected to serve with Dr. Cavins were Dr. Oscar J. Michael, Danville, Illinois, vice-president; Dr. J. O. Conklin, Terre Haute, reelected secretary. Dr. W. C. Kunkler, Terre Haute, is a member of the board of censors.

Nearly 100 physicians and surgeons attended the meeting, played golf in the morning, attended scientific sessions during the afternoon and a banquet in the evening at the Hotel Deming.

The new Aesculapian Society president is an associate editor of THE JOURNAL of the Indiana State Medical Association.

Dr. and Mrs. Fred H. Priebe, Hillsboro, and Dr. and Mrs. Thomas C. Haller, Crawfordsville, spent a week recently in New York City attending the convention and postgraduate course of the American College of Gastroenterology.

Dr. J. V. Schetgen, who recently built a new office building north of Geneva, donated his former office building in Geneva to the Geneva Public Library.

Dr. Fred N. Daugherty, Crawfordsville physician and surgeon, has been appointed a member of the National Rehabilitation Medical Advisory Board of the American Legion, and will represent Indiana in that capacity during 1957.

Dr. Donald F. MacLeod, who has been on the staff of Parramore Hospital, Crown Point,

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for the last two years has joined the staff of the Student Health service at Purdue University, according to a recent announcement by Dr. L. W. Combs, director.

Dr. MacLeod is a native of Sydney, Nova Scotia and received his medical degree from the University of Western Ontario at London. He was formerly in private practice in Morocco. He took postgraduate work at St. Luke's Hospital, Chicago in diseases of the chest and bronchial esophagology. Dr. and Mrs. MacLeod and their two daughters are now living at 30 Memorial Drive, West Lafayette.

Dr. David J. Steigmeyer, a native of Fort Wayne, has returned there and established an office for the practice of medicine at 1411 North Anthony Boulevard. He plans to move into a new medical building at Anthony and Lake when construction is completed. Dr. Steigmeyer took his pre-medical work at Indiana and St. Louis Universities and received his medical degree from St. Louis University School of Medicine. He completed a two-year residency in pediatrics at the University of Michigan Hospital in June. He will limit his practice to pediatrics.

Dr. Eugene Rifner, Van Buren, addressed a meeting of the Beta Gamma Latreian club of Van Buren on October 8. He spoke on "The Heart."

New office quarters for Dr. W. V. Morris, Monticello, are nearing completion. Dr. Morris' plans are for a completely modern, oil-heated, airconditioned building of cement block, Indiana limestone and brick construction. Ample parking facilities have been provided at the West Marion street location.

Physician's March Played By U. S. Marine Band

When the United States Marine Band played two concerts in Indianapolis on November 2 they featured "Monument Circle March" composed by Dr. Harold E. Stadler, Indianapolis pediatrician.

Dr. Stadler composed the march in 1953 in commemoration of the 100th anniversary of the Indianapolis city schools. He devotes most of his spare time to music, being a regular member

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*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

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of the Indianapolis Philharmonic orchestra. He plays the tuba but fills in on several other instruments. Dr. Stadler earned his tuition in medical school playing in several orchestras.

Proceeds of the Marine Band concert were donated to Indianapolis General Hospital to buy equipment for the children's wards and occupational therapy department.

Dr. Clifford L. Berner, who recently completed his surgical residency at Louisville General Hospital, has been appointed to the staff of the I. U. Student Health Center, Bloomington, to replace Dr. Naiad Mason Thompson who has returned to Evansville. Dr. Berner practiced at Manchester, Kentucky, prior to entering the military service. He is a graduate of the University of Louisville School of Medicine.

Dr. Roger F. Whitcomb has recently moved into the new medical center building he has constructed at 120 West Jackson street in Shelbyville. The Whitcomb building has been designed

to house three physicians and two dentists. Dr. James H. Tower, Jr., who recently established a general practice in Shelbyville, has also moved into the building. The ultra modern brick veneer building is immediately adjacent to the large city parking lot.

A \$500 scholarship named the Lester Taylor Memorial Scholarship for the first president of the Cleveland Health Museum, has been made available for the second year by the Woman's Committee of the museum to any qualified graduate student interested in school health education, visual methods in health education and/or educational work in museums.

Special projects, tailored to the interests and requirements of the candidate, are set up for completion in from one to three months. All projects must be completed on the Cleveland Museum premises under the direction and supervision of its professional staff, and a written report of the project is required.

A tuition fee of \$100 will be paid to the museum from the \$500 stipend. The remainder is

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Acetophenetidin	gr. 2½
Acetylsalicylic Acid	gr. 3½



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paid directly to the candidate for living and other expenses. Address requests for applications to Bruno Gebhard, M.D., Director, Cleveland Health Museum, 8911 Euclid Ave., Cleveland 6, Ohio.

**Physicians Participate in
Valparaiso University Meeting**

The 1956 School Health Conference held October 13 at Valparaiso University was the fourth such conference held there under the joint sponsorship of several medical and educational associations.

Dr. Louis How, South Bend, served on the planning committee for the conference for the second year. Dr. Jack Troy, Hammond, participated in a panel discussion, and Dr. Mattie Bulard and Dr. Mark Piper of the Gary City School system were registered for the conference.

Dr. James Kaler, who has been superintendent of the Smith-Esteb Memorial Hospital at Richmond, resigned recently to accept a position November 1 as assistant medical director of the 200-bed tuberculosis hospital of the American Legion at Battle Creek, Michigan. Dr. Kaler has been at the 50-bed Richmond hospital for two years. No successor has been named.

**Lake County Sponsors
Panel Talks for Public**

"An Ounce of Prevention" was the theme of the first of a series of public meetings to be held under the sponsorship of the Lake County Medical Society. The meeting was held November 8 in Indian Trail Grange hall near Lowell.

At the afternoon session the panelists discussed and answered questions on "Childhood Diseases and School Health." Two topics were discussed at the evening meeting, "Highway and Farm Accidents," and "The Possibility of a Hospital in Southern Lake County."

The U. S. Atomic Energy Commission has announced the renewal of a research contract with **Indiana University Foundation**, in the amount of \$15,000, for work on the cellular heredity in paramecium by T. M. Sonneborn.

Indiana Doctors Honored by American Rhinologic Society

Dr. Walter J. Agesen, Anderson, and Dr. Carl B. Sputh, Jr., Indianapolis, were presented the Golden Head Mirror Honor award of the American Rhinologic Society "for meritorious sharing in the service of rhinology" at the second annual banquet, October 13.

The second annual meeting and seminar of the society in the Illinois Masonic Hospital, October 9-12 and in the Palmer House October 13 was attended by more than 100 specialists in nose ailments.


The hospital program consisted of work shop presentations under the direction of the Cottle Fund for Medical Research and Education. Dr. Maurice H. Cottle, Chicago, was in charge. The program at the hotel consisted of the presentation of papers.

Both Dr. Agesen and Dr. Sputh participated in the work shop demonstrations, as did also Dr. Lewis E. Morrison of Indianapolis.

The Cleveland Health Museum recently published a catalog of health exhibits, exhibit models and lecture slides, all of which are available either by sale or on loan. The catalog also announces the possibility of having custom-made exhibits planned and/or constructed by the museum artists and exhibit builders. Copies of the catalog may be obtained for \$1.00. Requests for consultation or information may be addressed to Bruno Gebhard, M.D., Director, Cleveland Health Museum, 8911 Euclid Ave., Cleveland 6, Ohio.

Dr. Jane M. Hoopes, Evansville pediatrician, moved November 1 into new offices in the Medical Arts Building, 3700 Bellemeade Avenue.






Dr. R. S. Carpenter, who has been in practice in Orland and Hudson for the last year, opened an office in Garrett at 514 South Randolph Street on November 1. Dr. Carpenter, a native of India and graduate of a medical school there in 1944, has served residencies in surgery in England, Scotland and the United States, and said he was moving to Garrett to be near hospital facilities.




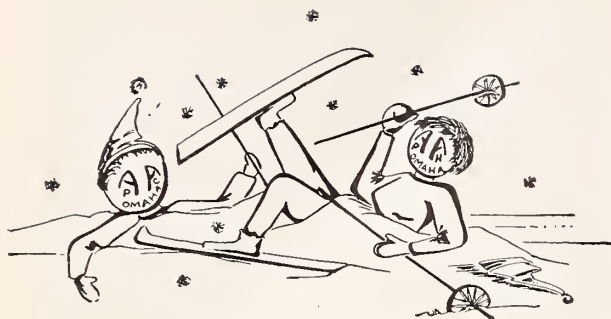
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Status of Hill-Burton Grants Reported by HEW Department

Two additional projects to provide 119 hospital beds at the Clarke County Memorial Hospital, Jeffersonville, were reported in the September 31 tabulation by the Department of Health, Education and Welfare. Divided into two separate grants, the first will cost an estimated \$1,141,107 (federal share \$372,762) and provide 97 beds; the second will cost \$192,258 (federal share \$63,238) and provide 22 beds.

Projects approved under the Hill-Burton plan for Indiana but not yet under construction will supply 1865 additional beds at a total cost of \$36,244,312 with the federal government contributing \$14,093,218.

Ten projects are under construction at the present time, designed to supply 728 beds. Of the total cost of \$20,520,198, the federal contribution will amount to \$4,247,412.

Four projects which supply 181 additional beds have been completed in Indiana. The cost of these finished additions was \$3,743,952. The federal government furnished \$1,178,693.

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Explodes trichomonads—VAGISEC liquid actually explodes trichomonads within 15 seconds after douche contact.² Two surface-acting agents and one chelating agent combine to weaken the cell membrane, to remove the waxes and lipids, and to denature the protein. With its cell wall destroyed, the parasite imbibes water, swells and explodes. All this occurs within 15 seconds. Only scattered fragments remain.

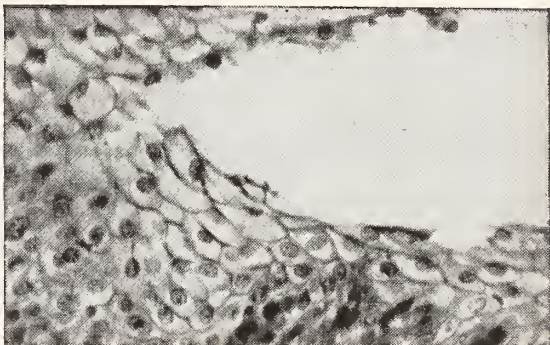
Proves highly effective—With the Davis technique† you can now rid patients of “trich,” even cases that have resisted other treatment. VAGISEC liquid was developed as “Carlendacide,” by Dr. Carl Henry Davis, M.D., noted gynecologist and author, and C. G. Grand, research physiologist.¹ Clinical trials by more than 150 physicians show better than 90 per cent success.³

Use liquid and jelly—In the Davis technique, VAGISEC liquid is used in office therapy. At the same time, liquid and jelly are prescribed for home use. They are well tolerated, leave no messy discharge or stain.

Office treatment—Expose vagina with speculum and wipe walls dry with cotton balls. Then wash thoroughly with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton balls. Dr. Davis recommends six treatments.

Home treatment—Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual periods, but omitted on office treatment days. Douching contraindicated in pregnancy.

Photomicrograph of section of epithelium of normal vaginal mucosa, enlarged 750 times, shows uneven surface where trichomonads hide. VAGISEC penetrates surface and explodes organisms in hard-to-reach areas.



One course of treatment—“If the treatment has been accomplished as directed,” the patient “will have no flagellates provided the infection was limited to the vaginal canal . . . A few women have infected cervical, vestibular or urethral glands and require other types of treatment.”⁴ Continued douching with VAGISEC liquid two or three times each week for eight to twelve weeks helps prevent re-infection.

Prevents coital re-infection—Infected husbands are “. . . a potential source of re-infection in wives successfully treated.”⁵ Prescribe for your patients the protection afforded by Schmid high quality prophylactics. Specify the superior RAMSES® rubber prophylactic, transparent, tissue-thin, yet strong. If there is anxiety that rubber might dull sensation, prescribe XXXX (FOUREX)® prophylactic skins, of natural animal membrane, pre-moistened.

Active ingredients in VAGISEC liquid: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

References: 1. Davis, C. H., and Grand, C. G.: *Am. J. Obst. & Gynec.* 68:559 (Aug.) 1954. 2. Davis, C. H.: *J.A.M.A.* 157:126 (Jan. 8) 1955. 3. Davis, C. H.: *West. J. Surg.* 63:53 (Feb.) 1955. 4. Davis, C. H. (Ed.): *Gynecology and Obstetrics* (revision), Hagerstown, W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Lanceley, F., and McEntegart, M. C.: *Lancet* 1:668 (Apr. 4) 1953.

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Franklin College Host for School Health Conference

The Ninth Annual Southeastern Indiana School Health Conference was held November 7 in the auditorium at Franklin College. Sponsors were the Indiana State Board of Health, State Department of Public Instruction, Indiana Congress of Parents and Teachers, Indiana Tuberculosis Association, Indiana State Nurses Association, Indiana State Medical Association and Indiana State Dental Association. One hundred and thirty persons registered.

Dr. I. George Blake, Franklin College, presided, and the conference was opened with a welcome address by Dr. Harold W. Richardson, president of the college.

Dr. John I. Nurnberger, chairman of the Department of Psychiatry, Indiana University Medical Center, spoke during the morning session on "Milestones to Maturity" following which there were several group workshops.

Luncheon was served in the Student Center where Dr. John Vayhinger, psychologist with the St. Joseph County Mental Health Association, spoke on "The Teacher and Mental Health".

The afternoon program in the auditorium was a panel discussion moderated by Cloyd Julian, vice principal of George Washington High School, Indianapolis. Panelists presented various answers to the question, "How Can Schools Meet the Challenge?"

Dr. Robert J. Morrow, a native of Kokomo, has recently established an office at 1317 "L" Street, Bedford, for the general practice of medicine. Dr. Morrow, who served as a pilot with the U. S. Marine Corps Reserve for five years during World War II, is a graduate of Indiana University School of Medicine where he received his degree in 1955. He recently completed an internship at St. Elizabeth's Hospital, Dayton, Ohio. Dr. and Mrs. Morrow and their three children are living at 501 Southwood Drive, Bedford.

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

October 15, 1956

Roll call showed the following present: James W. Denny, M.D., chairman; W. U. Kennedy, M.D.; E. H. Clauser, M.D.; Kenneth L. Olson, M.D.; O. W. Sicks, M.D.; Albert Stump, attorney; Robert Hollowell, attorney; James A. Waggener, executive secretary.

Membership Report:

Number of members October 15, 1956 4,031*
Number of members October 15, 1955 3,920
Gain over last year 111
Number of members December 31, 1955 3,975

- * Includes 91 in military service (gratis)
 - 136—\$10.00 members (residents and interns)
 - 288—Senior members
 - 74—members, dues remitted by Council
 - 2—honorary members

Number who have paid AMA dues:
October, 1956 3,842**
October, 1955 3,731
Gain 111
** Includes 628 exempt members (gratis)

- 393 exempt prior to 1/1/56
- 235 exempt so far this year

180 1956 ISMA members are delinquent in payment of 1956 AMA dues.

Treasurer's Office

The treasurer reviewed his report as will be presented to the House of Delegates and informed the committee of the investments he has made since the last meeting.

Statements for September for the Association and for THE JOURNAL showing Receipts and Expenditures were approved.

Headquarters Office

The secretary reported on his recent trip to Washington as a member of the Technical Advisory Group on Medicare.

Annual Convention, Indianapolis, October 16, 17 and 18, 1956

By consent it was agreed that the Association would pay the hotel bills for the speakers' wives should any accompany their husbands.

By consent it was agreed that the invited guests of the Association for the banquet should be given courtesy tickets for the banquet.

Inasmuch as the president did not have his president's address available for review of the com-

mittee, the committee appointed Dr. Clarke to review the president's address.

Organization Matters

A resolution for presentation to the House of Delegates through the Council, calling for election to honorary membership in the Association of Drs. Sensenich, Murray and Crockett, was approved by consent.

Upon motion of Drs. Olson and Clauser it was voted to renew membership in the National Society for Medical Research.

By consent it was agreed to defer action on the fee schedule submitted by the attorneys until the next meeting.

New Business

Dr. Clarke presented a letter from Dr. Tihen of Kansas, calling attention to the proposed revision of the Code of Ethics, pointing out particularly Section 7. Upon motion of Drs. Olson and Kennedy, the committee went on record as opposing Section 7 of the proposed Code of Ethics.

The Journal

The report on advertising for the month of September was approved by consent:

S. M. J. A. B. (net)	\$2,920.37
Direct: Display	533.47
Prof. Cards	324.00
<hr/>	
Total	\$3,777.84
Total September, 1955	3,687.95

Net Gain \$ 89.89

There being no further business the committee adjourned to meet again immediately following the Council meeting at close of last meeting of the House of Delegates, on Thursday, October 18, 1956.

THE COUNCIL

(Indianapolis Session, 1956)

The Council convened at 3:00 p.m., central daylight saving time, Monday, October 15, 1956, in Rooms 107 and 108, Indiana University Student Union Building, Indianapolis, with Dr. Kenneth L. Olson, the chairman, presiding. Roll call showed the following present:

Councilors:

- First District—Minor Miller, Evansville; William B. Challman, Mt. Vernon, councilor-elect
- Second District—J. H. Crowder, Sullivan
- Third District—Keith Hammond, Paoli; John M. Paris, New Albany, alternate councilor, and alternate delegate to AMA

Fourth District—J. E. Dudding, Hope
 Fifth District—M. C. Topping, Terre Haute; V. Earle Wiseman, Greencastle, alternate
 Sixth District—W. R. Tindall, Shelbyville, alternate
 Seventh District—Lester D. Bibler, Indianapolis; Charles A. Jones, Franklin, alternate; Ralph V. Everly, Indianapolis, councilor-elect
 Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate councilor, and alternate delegate to AMA
 Ninth District—Wemple Dodds, Crawfordsville; Kenneth O. Neumann, Lafayette, alternate councilor-elect
 Tenth District—James P. Vye, Gary; Ralph C. Eades, Valparaiso, alternate
 Eleventh District—Max R. Adams, Flora
 Twelfth District—Maurice E. Glock, Fort Wayne
 Thirteenth District—Kenneth L. Olson, South Bend; G. O. Larson, LaPorte, alternate

Officers:

Walter U. Kennedy, New Castle, president
 Elton R. Clarke, Kokomo, president-elect
 O. W. Sicks, Indianapolis, treasurer

Journal:

Frank B. Ramsey, Indianapolis, editor

Delegates and Alternates to A.M.A.:

Cleon A. Nafe, Indianapolis, delegate
 E. S. Jones, Hammond, delegate
 Wendell C. Stover, Boonville, delegate
 Earl W. Mericle, Indianapolis, alternate

Executive Committee:

James W. Denny, Indianapolis, chairman
 Albert Stump, attorney
 Robert Hollowell, attorney
 J. A. Waggener, executive secretary

On motion of Drs. Miller and Bibler, minutes of the August 5, 1956, meeting of the Council were approved as printed in the October, 1956 JOURNAL.

Treasurer's Report. DR. O. W. SICKS, treasurer, reported on the financial condition of the Association, his report being approved on motion of Drs. Dodds and Dudding. (Full report printed in October JOURNAL and House of Delegates Handbook.)

DR. WALTER U. KENNEDY, President: "I would like to take this opportunity to extend my very sincere and heartfelt thanks to the members of this Council for the support that you have given my administration. I thank you from the bottom of my heart."

District Meetings

The councilors reported district meetings scheduled as follows for 1957:

First District -----
 Second District -----Linton, -----, 1957
 Third District -----Bedford, May 15, 1957
 Fourth District -----Greensburg, May 1, 1957
 Fifth District -----Parke-Vermillion County, -----, 1957
 Sixth District -----Brookville, May 9, 1957
 Seventh District -----, May 1957
 Eighth District -----Muncie, -----, 1957
 Ninth District -----Fowler, May 23, 1957
 Tenth District -----
 Eleventh District ---
 Twelfth District ----Pokagon State Park, May 15, 1957
 Thirteenth District---

1. *Medical Education Foundation Fund.* Dr. Glock, chairman, Committee on Medical Education and Licensure: "From January through September 29, a total of \$15,347.50 has been received in contributions to the American Education Foundation. I would like to point out that this is the poorest year to date that we have had since the inception of this program and we discussed that, I believe, at the last Council meeting.

"Your Committee is intending to have a fall mailing program and also an end of the year Christmas card mailing in regard to this. I would like to repeat that we would appreciate any assistance you can give us in your district to publicize this program and encourage the individual men to participate in this program."

2. *Student Loan Fund.* In the absence of Dr. Harry P. Ross, chairman of the Committee on Student Loan Fund, Dr. Sicks reported that three students had been granted loans of \$500 each up to this time, and five applications for loans are pending.

3. *Medical Care for Military Dependents.* Mr. Waggener reported as follows: "On August 22 and 23, we had a meeting of the committee in Washington and went over the regulations as proposed at the time and went into some of the other matters. I took it upon myself to take a 'flyer' at the Government, telling them that Indiana desired to operate without a 'fixed fee schedule'. We got into quite a lengthy discussion. They finally invited me into a private conference and, after two and a half hours, they seemed to be convinced to allow Indiana to act as a 'Test State' to operate this program without a fixed fee schedule as far as the Government is concerned. I reported that back to your Executive Committee and they concurred in that proposition and advised me to pursue that further along that line. As of the moment, we still have the 'green light' to operate in Indiana without a fixed fee schedule; that is, as far as the individual physician is concerned. In other words, the proposal is that we believe that Indiana physicians are fair enough and considerate enough in dealing with this class of people, that they will be in a better position to charge their regular fees which they would charge anyone else of like economic income for any services they might render under this program and thereby remove the unpopular standards of raising fees in some areas and lowering fees in others.

"Now, the Association does have a certain amount of obligation in this proposal and that is, we are going to submit a suggested average fee or what we think the fees will average for the State of Indiana. We do make assurance to the Government that we will police the charges within our own organization and to try and assure them that 'X' number of procedures will not average over 'X' number of dollars in the period of the contract. That means,

of course, that at the state level, or district level, or county society level, there will have to be established a Board of Review to handle any questionable cases where a physician might be out of line in his charges.

"Now they have further pointed out that if we are successful in this 'test program,' they will be willing to consider removing, next year, the requirement of other states and to try and broaden this entire proposition.

"The reason I made this suggestion is that it is a very definite fact, I believe, that the next session of Congress will approve a like program for government employees which is going to be quite a sizable number of people. If we can set a precedent of operating on strictly a physician-patient basis, we are hopeful we might carry this philosophy on into other fields. Also, at the present time, there is discussion in Washington that inasmuch as the Federal Government has a hand in the reimbursement of States for the medical care plan of the state welfare programs, they are discussing requiring states to submit 'fee schedules' for medical service under welfare programs. So, it may have some further implications on future government projects and if the plan could be made to work in this way, the average physician will not have as much hesitancy, I believe, in participating under the program."

NEW BUSINESS

1. *Better Business Bureau membership for 1957.* On motion of Drs. Bibler and Dudding, the Council authorized the payment of \$150.00 membership fee in the Better Business Bureau for 1957.

2. *Election of two members to Committee on Inter-Professional Health Council.* On motion of Drs. Glock and Miller, Dr. Herman T. Combs, Evansville, and Dr. Don E. Wood, Indianapolis, were reelected members of this committee for 1956-57.

3. *Election of JOURNAL Editors.* On motion of Drs. Miller and Bibler, Dr. Frank B. Ramsey, Indianapolis, was reelected editor of THE JOURNAL for 1957.

On motion of Drs. Miller and Bibler, the present associate editors were reelected for 1957, as follows:

A. W. Cavins, Terre Haute
Lall G. Montgomery, Muncie
David A. Bickel, South Bend
Stephen L. Johnson, Evansville

4. *Remission of state dues.* On motion of Drs. Bibler and Dudding, the Council voted to remit the state dues of a Marion county member, due to retirement from active practice.

5. *Recognition of three Indiana physicians.* On motion of Drs. Dudding and Topping the Council

...IN URINARY COMPLAINTS

- * Sterilizes urine in 1 to 3 days
- * Relieves burning in minutes
- * Effective in 93-98% of cases

sulfid*

The original Azo-Sulfa Formula* • Antibacterial • Analgesic

LOCALIZED MUCOSAL ANALGESIA

Phenylazo-diamino-pyridine HCl—acts solely on the urogenital mucosa; provides prompt relief from burning, pain and frequency.

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Sulfacetamide—eliminates mixed infections rapidly because of its unusual solubility in acid urine common to bacterial invasion of the urinary tract. No renal damage, concretions or anuria.

...and when Spasmolysis is essential

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Antibacterial • Analgesic • Antispasmodic

—the dual activity of SULFID with the well-known antispasmodic effect of natural belladonna alkaloids.

*Introduced—July, 1954



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adopted, for presentation to the House of Delegates, a resolution authorizing the presentation of plaques to Dr. Dwight H. Murray, president of the American Medical Association, Dr. Roscoe L. Sensenich, past president of the American Medical Association, and Dr. Franklin S. Crockett, vice-president of the American Medical Association.

6. *Resolutions to be presented to the House of Delegates* were discussed by members of the Council and Drs. Nafe, Jones and Denny.

On motion of Drs. Glock and Miller the Council

went on record as opposing Resolution No. 1 regarding essay contests.

On motion of Drs. Dudding and Dodds, the Council voted that all of the resolutions with the exception of No. 1 be referred to the House of Delegates without any recommendations from the Council.

7. *Science Fairs.* Dr. Mericle, chairman of the Committee on Public Relations, spoke of the value of science fairs from a public relations standpoint and asked the Council to give his committee \$7,000.00 to defray traveling expenses to the 1957 science fair, to be held in Los Angeles.

On motion of Drs. Bibler and Glock, the Council voted to appropriate \$7,000.00 to the Public Relations Committee for transportation of participants, teachers, a press representative, and sponsors to the Los Angeles Science Fair in 1957.

COOK COUNTY GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES

STARTING DATES—WINTER, 1956-1957

SURGERY—

Surgical Technic, Two Weeks, December 10, January 28
Surgery of Colon & Rectum, One Week, March 4
General Surgery, One Week, February 11
General Surgery, Two Weeks, April 23
Surgical Anatomy & Clinical Surgery, Two Weeks, March 4
Surgical Pathology, 2 or 4 Weeks, by appointment
Basic Principles in General Surgery, Two Weeks, January 14
Fractures & Traumatic Surgery, Two Weeks, March 11
Anesthesia, 2 or 4 Weeks, by appointment

GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, February 11
Vaginal Approach to Pelvic Surgery, One Week, February 4
General & Surgical Obstetrics, Two Weeks, February 25

MEDICINE—

Electrocardiography & Heart Disease, Two-Week Basic Course, March 11
Gastroenterology, Two Weeks, May 13
Dermatology, Two Weeks, May 6
Gastroscopy, Two Weeks, March 18

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, February 4
Clinical Uses of Radioisotopes, Two Weeks, May 6

UROLOGY—

Two-Week Course, April 1
Cystoscopy, Ten Days, by appointment.

TEACHING FACULTY—ATTENDING STAFF OF
COOK COUNTY HOSPITAL

ADDRESS:

REGISTRAR, 707 South Wood Street, Chicago 12, Illinois

EMPLOYMENT OF FULL-TIME PROFESSORS AT I. U. MEDICAL SCHOOL

Dr. Glock, chairman of the committee on Medical Education and Licensure, reported as follows:

"Last June at the A.M.A. meeting, the Council on Medical Service reported on a study or survey that they had made on the employment of professors in medical schools. I think all of you are familiar with that action taken by the A.M.A. Our executive secretary sent me a letter as chairman of the State Medical Education Committee, calling this to my attention, and we arranged to have a meeting with the Dean of the medical school in September, at which time this matter was taken up.

"The reason that I am rising to make this report at this time is because, three years ago in the Council, Dean VanNuys presented the plan for employment of full-time professors at the medical school and the Council gave approval to the plan of operation at that time, and, when he appeared at this meeting, September 12, he presented the following letter which is fairly short and I will read it to the Council because this is a report that was asked for by the Council three years ago. This is



MARY POGUE SCHOOL, INC.

Complete facilities for training Retarded and Epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D.
Medical Director

Barclay J. MacGregor
Registrar

21 Geneva Road, Wheaton, Ill.
(near Chicago)

addressed to W. U. Kennedy, president of the Indiana State Medical Association.

"Gentlemen:

"Three years ago the Council of the Indiana State Medical Association examined the plans for employment of geographical full-time men on the Indiana University School of Medicine faculty and gave approval to the plan. At this meeting the Council requested that the Dean of the school submit a report at the end of three years of the number of patient days."

"I have that report and if any of you care to look at it, I will be glad to show it to you. The division on these days, I would like to go through again:

"1953-54, total of 23,181 private patient days of which the geographical full-time or the full-time men had 8,245 and the total patient days in the Center Hospitals were 164,630.

"In 1954-55, the total private patient days 30,114. The full-time men had 8,682 of those days and the total patient days, 161,508.

"In 1955-56, 33,411 private patient days of which 9,984 were taken care of by the full-time men and 163,682 patient days in the Center.

"The committee discussed with Dean VanNuys and we were pretty well satisfied that they are running their department in such a way as to avoid the onus of the Medical Center being engaged in the private practice of medicine and these men do collect their own fees and our State School is not in the position of being in the private practice of medicine, and the committee congratulated them in the manner in which he was doing this and referred this to the Council."

DATE FOR MIDWINTER COUNCIL MEETING


On motion of Drs. Dudding and Vye, Sunday, January 20, 1957, was set for the midwinter meeting of the Council.

There being no further business, the Council adjourned to meet again on Thursday, October 19, 1956, immediately following the adjournment of the House of Delegates.

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to

A.M.E.F.



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ANALGESIA**

no habituation

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Indications: arthritis, neuritis, musculoskeletal pain, biliary and renal colic, gout, bursitis, inflammation, childbirth, childbirth afterpains, and other painful symptoms.

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Proceedings of the House of Delegates

INDIANAPOLIS SESSION

October 15, 16, 17, 18, 1956

The House of Delegates of the 107th Annual Session convened at 6:00 p.m., Monday, October 15, 1956, in Room M-124, Student Union Building, Indiana University Medical School campus, Indianapolis, and again at 7:30 a.m., Thursday, October 18, 1956, in the Little Auditorium of the Athenaeum, Indianapolis, with the president, Dr. Walter U. Kennedy, New Castle, presiding.

Dr. Malcolm O. Scamahorn of Pittsboro gave the invocation at the opening of the first meeting.

REPORT OF REFERENCE COMMITTEE ON CREDENTIALS

On motion of Drs. Kirtley and Green, attendance slips signed by the delegates were accepted in lieu of a roll call at the first meeting, Dr. William E. Amy, chairman of the Reference Committee on Credentials, reporting 98 delegates, 7 past presidents, 9 councilors, the president-elect, the treasurer and the editor of *The JOURNAL*, present.

On motion of Drs. Daniels and Bibler, attendance slips showing 110 delegates, 9 past presidents, and 13 councilors, a total of 132, present at the second meeting, were accepted as constituting the roll call.

The president read Chapter XVI, Section 1, of the Bylaws and Article XIV of the Constitution regarding amendments to the Bylaws and the Constitution.

IN MEMORIAM

The House stood in tribute to the following physicians who were members of the House or who had served the Association in an official capacity, and who had died since the 1955 annual convention:

CHARLES J. ADAMS, Kokomo. Secretary, Howard County Medical Society, 1914; vice-chairman, 1922, and chairman, 1923, Eye, Ear, Nose and Throat Section.

CHARLES W. ATKINSON, Boswell. Secretary, Benton County Medical Society, 1924 through 1927, and 1936.

CLAUDE S. BLACK, Warren. Secretary, Medical Section, 1921; member, Committee on Scientific Work, 1921; Councilor of Eleventh District, 1922 through 1927 and May, 1944, to December, 1948; member, Committee on Prevention of Traffic Accidents, 1938, 1939 and 1940; member, Committee for the Study of Lay Activity in Medical Practice, 1944; member, Medical Relief Committee, 1944, 1945, 1946 and 1947; vice-chairman, Section on General Practice, 1946; chairman, Committee on Indigent Medical Care, 1948; president-elect, 1949, and president, 1950; member Executive and Budget Committees, 1949 and 1950; member, Committee on Indiana Inter-Professional Health Council, 1950; member, Committee

on Medical and Nursing School Scholarships, 1950; chairman, Committee on Physician-Patient Relations, 1950; vice-chairman, Board of Appeals on Patient-Physician Relations, 1952 and 1953, and member, 1954, 1955 and 1956; delegate from Huntington County, 1940 through 1943.

DONALD CREEL, Angola. Secretary, Steuben County Medical Society, 1946; delegate from Steuben County, 1936.

THOMAS J. DUGAN, Indianapolis. Member, Committee on Convention Arrangements, 1918.

JOHN R. GILLUM, Terre Haute. Chairman, Section on Ophthalmology and Otolaryngology.

HENRY W. GREIST, Monticello. Delegate from White County, 1943, 1946, and 1947; secretary, White County Medical Society, 1946 through 1952.

MURRAY N. HADLEY, Indianapolis. Member, Committee on Scientific Demonstrations, 1914-1915; member, Committee on Public Policy and Legislation, 1921; member, Committee on Medical Education, 1924; chairman, Committee on Medical Education and Hospitals, 1931; member, Committee on Industrial and Civic Relations, 1925; member, Bureau of Publicity, 1926, 1927 and 1928; chairman, Committee on Postgraduate Study, 1932 and 1933; chairman, Committee on Prevention of Traffic Accidents, 1935 through 1940, and 1946; chairman, Committee on Traffic Safety, 1948.

STERLING R. HOFFMANN, Fort Wayne; formerly Decatur. Secretary, Adams County Medical Society, 1914 and 1915; chairman, Committee on Special Medical Defense Fund, 1933; member, Medical Relief Committee, 1940 and 1941; member, Committee on Physical Therapy, 1945 and 1946.

WILLIAM F. HUGHES, Indianapolis. Member, Committee on Health Problems in Education, 1921; member, Auditing Committee, 1937 through 1940; chairman, Section on Ophthalmology and Otolaryngology, 1941.

CLIFFORD M. JONES, Whiting. Member, Committee on Public Policy and Legislation, 1939 and 1940; member, Committee on Industrial Health, 1941 and 1945; member, Permanent Study Committee on Medical Care Insurance, 1952, and Committee on Medical Care Insurance, 1953; member, Board of Appeals on Patient-Physician Relations, 1952 through 1955; member, Grievance Committee, 1956; delegate from Lake County, 1938 through 1948.

GEORGE H. KAMMAN, Seymour. Secretary of Jackson County Medical Society, 1909, 1910 and 1911, 1924 to 1956; member, Liaison Committee of the Division of Services for Crippled Children, 1944 and 1945; delegate from Jackson County, 1940 through 1943.

ALVA M. KIRKPATRICK, Columbus. Delegate from Bartholomew County, 1937.

EDWIN A. LAWRENCE, Indianapolis. Member, Committee on Medical Education and Hospitals, 1953 and 1954; member, Committee on Instructional Courses, 1953, 1954, 1956, and chairman of Instructional Courses Committee, 1955.

HOMER R. MCKINSTRAY, Indianapolis. Secretary, Marion County Medical Society, 1912.

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rheumatic fever,
intractable asthma,
allergies . . .

Cortef^f* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
20 mg. tablets in bottles of 25, 100, 500

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GEORGE B. METCALF, Anderson. Secretary, Madison County Medical Society, 1922 and 1923.

WILLIAM K. NANCE, Vincennes. Member, Committee on Chronic Illness, 1953.

THEODORE S. SCHULDT, Pierceton. Delegate from Kosciusko County, 1935.

ELDRIDGE M. SHANKLIN, Hammond. Secretary, Lake County Medical Society, 1909, 1912 to 1919, 1927 to 1938; member, Committee on Conservation of Vision, 1911-1912; councillor, Tenth District, 1918 through 1924, 1929 to 1935; chairman of the Council, 1921 through 1924; secretary, Ear, Eye, Nose and Throat Section, 1914 to 1924; member, Committee on Scientific Work, 1914 to 1923; member, Committee on Public Policy and Legislation, 1918; member, Committee on Administration, 1919 to 1925; member, Advisory Board to Bureau of Publicity, 1924; president, 1925; AMA alternate delegate, 1926; also 1934 to 1937; AMA delegate, 1927 to 1929 and 1938; chairman, Committee on Convention Arrangements, 1928, and member in 1935; member, Committee on Secretaries' Conference 1927, 1928 and 1929; vice-chairman, Section on Ophthalmology and Otolaryngology, 1935; member, Council on Medical Service and Public Relations, 1945 and 1946; editor of THE JOURNAL of the Indiana State Medical Association, 1933 through 1947.

OMER H. STEWART, Aurora. Member, Committee on Control of Cancer, 1938; member, Committee on Physical Therapy, 1945; delegate from Dearborn-Ohio County Medical Society, 1935, 1936, 1942 and 1950.

CHARLES E. STONE, Bedford. Member, Committee on Public Policy and Legislation, 1909-1910; first vice-president, Indiana State Medical Association, 1913-1914; secretary, Lawrence County Medical Society, 1924.

WALTER C. VAN NUYS, New Castle. Secretary, Henry County Medical Society, 1913 and 1914; member, Committee to Study Social Service in Relation to the Public Health, 1914-1915; member, Committee on Mental Health, 1944.

WILL W. WASHBURN, Lafayette. Chairman, Committee on Civic and Industrial Relations, 1930 through 1933; member, Committee on Expert Testimony, 1936; member, Committee on Public Policy and Legislation, 1937 through 1940; member, Committee on Scientific Work, 1946; member, Veterans Committee, 1947; member, Committee on Veterans Affairs and Rehabilitation, 1948 and 1949; member, Committee on National Emergency Medical Service, 1948; chairman, Committee on School Health and Physical Education, 1955; delegate from Tippecanoe County, 1953, 1954, and 1955.

JOHN M. WHITEHEAD, Indianapolis. Secretary, Section on Anesthesia, 1942 through 1945, and chairman of Section on Anesthesia, 1946; assistant treasurer, 1950 and 1951; delegate from Marion County, 1945, 1946, 1948 through 1950.

MINUTES OF THE MEETINGS

held at French Lick, October 16-19, 1955, were approved as published in the December, 1955, JOURNAL, on motion of Drs. Hauss and Paul Tindall.

INTRODUCTION OF GUESTS

DWIGHT H. MURRAY, M.D., Napa, California, president of the American Medical Association;

L. O. SIMENSTAD, M.D., Osceola, Wisconsin, president of the State Medical Society of Wisconsin;

ARCH WALLS, M.D., Detroit, president of the Michigan State Medical Society;

ARTHUR B. PRICE, M.D., Chief Medical Consultant, Division Disability Operations, Bureau of Old Age and Survivors Insurance, Social Security Administration, Baltimore, Maryland;

LEROY E. BURNEY, M.D., Surgeon General, U. S. Public Health Service, Washington, D. C.

PETER E. GUTIERREZ, secretary-treasurer, Indiana Student AMA.

ELECTION OF PHYSICIAN OF THE YEAR

Dr. Oscar T. Scamahorn, of Pittsboro, Hendricks county, was elected "Physician of the Year" for 1956.

GREETINGS FROM 1951 NATIONAL PHYSICIAN OF THE YEAR

DOCTOR A. C. YODER: Mr. President and Delegates of the Indiana State Medical Association: In a way it seems like old times to be back here. I traveled here as a delegate member for 25 years. I hope all of you will live long enough to do the same. I have nothing to say in particular except it is gratifying to know that we still have men at the wheel and willing to work and I am glad to see the fine leadership exemplified in the present-day organization and the new things that the body as a whole, from year to year, takes up in the way of activities that we didn't think about 50 years ago when I first started. May God bless you and help you do more!

I thank you. (Applause)

AMENDMENTS TO CONSTITUTION

(1) to give the president, president-elect and treasurer the power to vote in Council meetings, and

(2) to limit the terms of councilors to two consecutive three-year terms, were passed by the House. These amendments, introduced at the 1955 annual session, and published twice in THE JOURNAL during the past year, read as follows:

ARTICLE VI.—Council. The Council shall consist of (1) the Councilors, and (2) *ex officio* the President, President-elect, and Treasurer, with power to vote.

ARTICLE IX.—Officers. Sec. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years and approximately one-third of the number shall be elected annually. No Councilor shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

APPOINTMENT OF 1956 REFERENCE COMMITTEES

The chairman announced the appointment of reference committees for the 1956 session as follows:

Sections and Section Work

B. E. Kintner, Elkhart (Elkhart)
Henry Rusche, Evansville (Vanderburgh)
Jack E. Shields, Brownstown (Jackson)
Robert M. Reid, Columbus (Bartholomew-Brown)
Raymond Nelson, South Bend (St. Joseph)

Rules and Order of Business

Walter M. Stout, New Castle (Henry), chairman
O. T. Scamahorn, Pittsboro (Hendricks)
Thomas M. Brown, Muncie (Delaware-Blackford)
C. D. Holmes, Frankfort (Clinton)
J. E. Dukes, Dugger (Sullivan)

Medical Education and Hospitals

J. E. Dudding, Hope (Bartholomew-Brown), chairman
Walter L. Portteus, Franklin (Johnson)
Harold C. Ochsner, Indianapolis (Marion)
J. C. Glackman, Rockport (Spencer)
W. R. Shaffer, Greensburg (Decatur)

Legislation

J. William Wright, Sr., Indianapolis (Marion), chairman
F. R. N. Carter, South Bend (St. Joseph)
Gordon B. Wilder, Anderson (Madison)
Earl W. Mericle, Indianapolis (Marion)
J. M. Paris, New Albany (Floyd)

Public Relations

Paul Tindall, Shelbyville (Shelby), chairman
J. H. Crowder, Sullivan (Sullivan)
J. W. Denny, Indianapolis (Marion)
F. B. Mountain, Connersville (Fayette-Franklin)
L. D. Bibler, Indianapolis (Marion)

Hygiene and Public Health

Maurice E. Glock, Fort Wayne (Allen), chairman
Minor Miller, Evansville (Vanderburgh)
J. M. Kirtley, Crawfordsville (Montgomery)
G. S. Fessler, Rising Sun (Dearborn-Ohio)
Russell J. Spivey, Indianapolis (Marion)

Amendments to Constitution and By-Laws

Frank Green, Rushville (Rush), chairman
Glen W. Lee, Richmond (Wayne)
Richard P. Good, Kokomo (Howard)
Truman E. Caylor, Bluffton (Wells)
Ray Elledge, Hammond (Lake)

Reports of Officers

E. S. Jones, Hammond (Lake), chairman
J. M. Leffel, Indianapolis (Marion)
J. W. Crain, Williamsport (Fountain-Warren)
Wendell C. Stover, Boonville (Warrick)
Virgil McCarty, Princeton (Gibson)

Credentials

William E. Amy, Corydon (Harrison-Crawford), chairman
C. G. Kern, Lebanon (Boone)

Insurance

G. O. Larson, LaPorte (LaPorte), chairman
William C. Reed, Bloomington (Owen-Monroe)
C. Philip Fox, Washington (Davies-Martin)
Hubert T. Goodman, Terre Haute (Vigo)
P. T. Lamey, Anderson (Madison)

Miscellaneous Business

William Harry Howard, Hammond (Lake), chairman
Guy A. Owsley, Hartford City (Delaware-Blackford)
Ivan Clark, Paoli (Orange)
H. N. Smith, Brookville (Fayette-Franklin)
H. O. Chattin, Vincennes (Knox)

ADDRESS OF THE PRESIDENT

The address of the president, Dr. Walter U. Kennedy, is printed on page 1428 of the November, 1956, JOURNAL of the Indiana State Medical Association. This address was referred to the Reference Committee on Reports of Officers.

REFERENCE COMMITTEE ACTION

DR. E. S. JONES, chairman, presented the following report, which was adopted:

President Kennedy's speech was a very fine résumé of what has been accomplished during his regime and contained some excellent suggestions for the future development of our society. We would like to take this opportunity to praise and compliment Doctor Kennedy for the vast amount of time and energy which he has put into this office this year and the fine job which he has done as president of the State Medical Association. He has attended practically every district meeting and many county society meetings, and in addition, meetings in Philadelphia, Washington, Miami, and other places, all of which accrues to the benefit of the state society.

ADDRESS OF THE PRESIDENT-ELECT

DR. ELTON R. CLARKE, president-elect, presented the following address, which was referred to the Reference Committee on Reports of Officers:

We are about to start another year and face some of the familiar old problems as well as some new ones that have come up. The recurrent issues keep coming out no matter how well they have been done before. I am sure you will agree with me Doctor Kennedy has done his work well this year. As the housekeeper found out long ago, some of the things have to be repeated, however, day after day, such as bed-making and so forth. In addition this year, due to the specific law PL 569, the Medicare program, enacted by Congress, we have some new responsibilities. Things are moving along in this program and it is now hoped to have the plan or agreement ready to sign by the last of this month and to have things ready to roll by the first week in December. We still have the green light on going ahead with the Indiana plan not to have a fixed fee schedule but to leave it up to the individual doctors, and hope that will fall within the allowed group. We think we can do this here in Indiana and they will put us on a trial basis to see whether we can justify their trust.

Then PL-880, Social Security Program—this also gives added responsibility to Indiana as well as all other states in certifying individuals over the age of 50 as being totally disabled. We realize the potentialities of personal pressure as well as from other sources, social, fraternal and other pressures in local communities. Out of the First District by Doctor Cheydleur and through their new Councilor, William Challman, comes an excellent suggestion which is a very practical one

of forming a panel or board to pass on these cases. This would be on a county or district basis, and would take it out of personal favor of a brother-in-law class. It is to be hoped that some method will be found of starting this program right with some panel method rather than keep the individual doctor on the hook with these certificates.

This year I have taken for my motto or slogan as President, "Personal Responsibility" and expect to elaborate on this theme in my first and subsequent articles on the President's page in THE JOURNAL. Did you ever stop to think that along the line of PR that personal responsibility may have a great deal to do with the formulating of the attitude or direction of public relations? We may look at this from several angles—strictly doctor-patient relationship, the responsibility the physician may assume in his community and its various forward-looking projects and, lastly, from the responsibility the physician maintains toward organized medicine. In speaking of these things to the House of Delegates session, I realize that I am like the minister addressing those already saved, that otherwise you would not be here.

Our aim and purpose is to enlarge the "hard core" of workers in the Medical Association projects. May I say at this point that I appreciate the support you have already given me by your acceptance of committee appointments, and beseech from you the continuance of such support.

Following the success of the combined "Committee Day" in the Indiana Academy of General Practice, I have considered setting aside two days in January or February of next year, for which you will receive due notice later, at which time committee work should be outlined and progress notes made. In that way, we should have one big committee meeting and then it is to be hoped you will go ahead from there in individual committees.

In conclusion, I thank you one and all for your continued support and let me assure you that all constructive criticism will be always welcome. (Applause.)

REFERENCE COMMITTEE ACTION

DR. E. S. JONES, chairman, presented the following report which was adopted.

The speech of the president-elect was well received. Your reference committee on Reports of Officers feels that Doctor Clarke gave a fine talk and his theme, "Personal Responsibility", we feel will be developed to the great benefit of the society. We also want to compliment him on his recommendation that a committee be appointed from the counties or districts to evaluate disabilities starting at 50 years of age.

ADDRESS OF PRESIDENT OF WOMAN'S AUXILIARY

MRS. WILLIAM R. TINDALL, Shelbyville, president of the Woman's Auxiliary to the Indiana State Medical Association, presented the follow-

ing report which was referred to the Reference Committee on Reports of Officers:

The Woman's Auxiliary to the Indiana State Medical Association is planning another year of progress, working under the National theme, "Health is Our Greatest Heritage".

We are in the midst of our 29th year, since our Auxiliary year begins and closes in April, at our Annual House of Delegates meeting. Thus, our officers' terms coincide with those of the National Auxiliary.

Our membership is composed of wives, daughters and widows of doctors, and it is a friendly, energetic group, and quite an attractive lot because you, with your usual discerning good judgment, chose them to be your life partners.

Our Auxiliary has over 2,500 members, with 83 counties organized into 63 local units. Last year we were happy to have Wabash County join our ranks. With Mrs. Robert LaSalle as their new president, the Wabash County Auxiliary arranged for a wonderful District Meeting this Fall which I was privileged to attend.

I hope that the Medical Societies where there is no Auxiliary will help us add their counties to our ranks, and help foster a spirit of friendliness among families of physicians.

We also have members-at-large from counties where there is no local Auxiliary. Mrs. Boyd Burkhardt, of Tipton, is the chairman of this group. These members pay dues, and have the same privileges as regular members. These wives will have a get-together during this convention, to compare notes, which makes them feel more a part of our group. Again, we would appreciate any help you might give us with these prospective members.

Your Executive Committee advises the Auxiliary on matters of policy and activities. Dr. Walter Porteus was appointed by Dr. Kennedy to serve as our ISMA advisor this year, and, I would like to add that he has made the going easier for me. When I have needed advice, a phone call to Dr. Porteus helped me make sound decisions, and I wish to express my sincere thanks to him at this time for his assistance and guidance. I should also like to thank Mr. Jim Waggener, your executive secretary, and the headquarters staff for their much needed help to me this year.

Indiana has an enviable record among the states on a national level. We were honored by the election of Mrs. Frank Gastineau to the office of third vice-president of the Woman's Auxiliary to the AMA this June. She formerly served as National AMEF Chairman for four years. Under her leadership, the National Auxiliary gave a check to the American Medical Education Foundation of the AMA for \$106,223. Of this amount, Indiana contributed over \$8,000, and of that amount nearly one-third was given through the Memorial Cards. These are sent at the time of death in place of a floral tribute.

Mrs. Alvin Schaaf, of Jamestown, state chairman for AMEF, hopes that our \$5.00 per capita goal will be reached.

Two former state presidents also received National recognition. Mrs. J. W. Mather of Gary was elected to the National Nominating Committee, and Mrs. Francis Fargher, of Michigan City, was appointed AMEF Chairman to follow in Ethel Gastineau's footsteps.

Indiana won top honors in the Today's Health Contest by securing the most subscriptions for a state having over 2,500 members, and Vanderburgh County won first prize for the county having over 100 members. The prize in each case was \$40 in cash. The state Auxiliary is using their money for gift subscriptions for the various state hospitals

and institutions, and many congratulatory and appreciative notes have been received.

Mrs. Jack Shields, of Brownstown, Today's Health Chairman, will have a booth at the convention hall this week, and I hope you will find time to stop and speak to her.

Mrs. Shields is working on the three R's—Reception Room Readership or Operation MD and DDS, trying to place the magazine in the waiting room of every doctor and dentist.

This will be followed by Operation Christmas, at which time a concentrated drive will be made for special gift subscriptions for friends, schools and public libraries.

As you know, the price to you is just \$1.50, and I hope you will think of someone for a gift subscription. We solicit your help on these two projects.

We were pleased and proud when Dr. Clarke, your President-elect, called his page in our Handbook, "Our Auxiliary". To quote Dr. Clarke in part, "Our State Auxiliary has not only carried its share of the projects, but in many ways has set an example for others."

Our Legislative chairman, Mrs. Frederick Simmons, of Marion, worked endlessly keeping us informed on HR 7225 urging members up to the time of its passage, to wire our Senators. When asked by the ISMA to act, the Auxiliary will continue to respond promptly and willingly.

Up to the present time, our Auxiliary has loaned \$4,000 to nurses for training purposes, and awarded scholarships for nearly \$24,000. This field is to be broadened to Medical Technology, and Rush County has already given such a scholarship. Mrs. Irvin Hostetter, of Muncie, state Recruitment chairman, tells many ways Auxiliaries are interesting students in these fields, such as forming Nurses' Clubs and taking the students to visit hospitals and having local nurses visit schools to tell them about the scholarships and loans.

County Auxiliaries will give ready cooperation to local Civil Defense groups. Mrs. Paul Stier, of Fort Wayne, Civil Defense chairman, writes: "Civil Defense is of utmost importance today. Wives should be prepared to help in any emergency, and be ready to assist in case disaster strikes".

The Hoosier Doctor's Wife is our official means of communication between Auxiliary members. It ranks foremost in the states' publications, and is edited by Mrs. Frank Green, of Rushville, and is published four times a year.

Along this same line, our state Publicity chairman, Mrs. Dwight Schuster, of Indianapolis, did a bang-up job with the publicity before this meeting. All of the Indianapolis papers carried feature stories about what the wives would be doing while their physician husbands attended scientific courses.

Our Medical Care Insurance program has done much to help us educate the public. Indiana Blue Cross and Blue Shield have given us continued support in many of our undertakings. They subsidize a page in each issue of our publication. Mrs. W. B. Matthew has served as Insurance chairman since the inception of the program.

Mrs. Wendell Stover, of Boonville, state Public Relations chairman, writes, and I quote:

"We, as Auxiliary members, should work as a liaison between our husbands and the public, first by cooperation and friendliness among physicians' families, and by working in community projects, and striving to win the respect and renewed confidence of the community".

Health Days receive top billing in this line, as well as Health Forums given by the doctors in their community as a free community service. With the permission of the local Medical Society, the local

Auxiliary will organize the details of such a meeting in your town by getting the place for the meeting, having the programs printed and assigning the doctors the time and topic they desire.

Seymour and Lafayette are planning Health Days to be held in November. Mrs. Paul Sparks, of Winchester, serving as state chairman, gladly assists the local Auxiliaries when they wish to confer with her.

This year the Mental Health and Safety will receive particular notice. Our members are urged to help with the gifts for patients in mental hospitals at Christmas time. Safety programs will be given by the State Police by showing safety films in schools and at "Health Day" programs.

A doctor's wife once wrote, and I quote her: "Each of us, like Caesar's wife, must be irreproachable in conduct. It is not for us to have the light flirtation at the Country Club on Saturday night. It is not for us to drink three cocktails to release the tensions of the day. It IS for us, indeed, to act dignified and above reproach—above other women."

We have another small obligation that not all wives have. We must so order our lives that those of our family appear prosperous, because no one would want their doctor not to be successful. On the other hand, there is a fine line between this and appearing too prosperous. This, for the reason that the community will bandy it about their fees are too high.

We have still another obligation which most other wives do not have, and that is the obligation of complete discretion. We must never disclose any medical news, no matter if it is tops in the bridge table conversation, and neither do we have the luxury of being hypochondriacs, like our dear friends, because it is our duty to be cheerful, healthy, sympathetic and understanding.

This is our task, all of these, plus being the wife of a doctor, yet we are most proud to be married to you!

It is both a privilege and a pleasure to serve as President of so fine an organization as the Woman's Auxiliary to the ISMA, and I am grateful for having the opportunity. I hope you will accord the president-elect, Mrs. Joe Dudding, the same cooperation you have given me.

I will close with the flattering words of Dr. Kennedy who wrote in our Program book:

"May our Auxiliaries grow in number and influence and prove that the hand that rocks a cradle can also rock the public health affairs of the State and Nation."

REFERENCE COMMITTEE ACTION

DR. E. S. JONES, chairman, presented the following report, which was adopted:

The Reference Committee on Reports of Officers wants to compliment Mrs. William R. Tindall, president of the Woman's Auxiliary to the Indiana State Medical Association, on the very fine work that she as president, and the Woman's Auxiliary have done for the benefit of organized medicine. Her report to the House of Delegates is so fine that we suggest that it be published in The JOURNAL of the Indiana State Medical Association.

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON REPORTS OF OFFICERS

The following matters were referred to the Reference Committee on Reports of Officers. All re-

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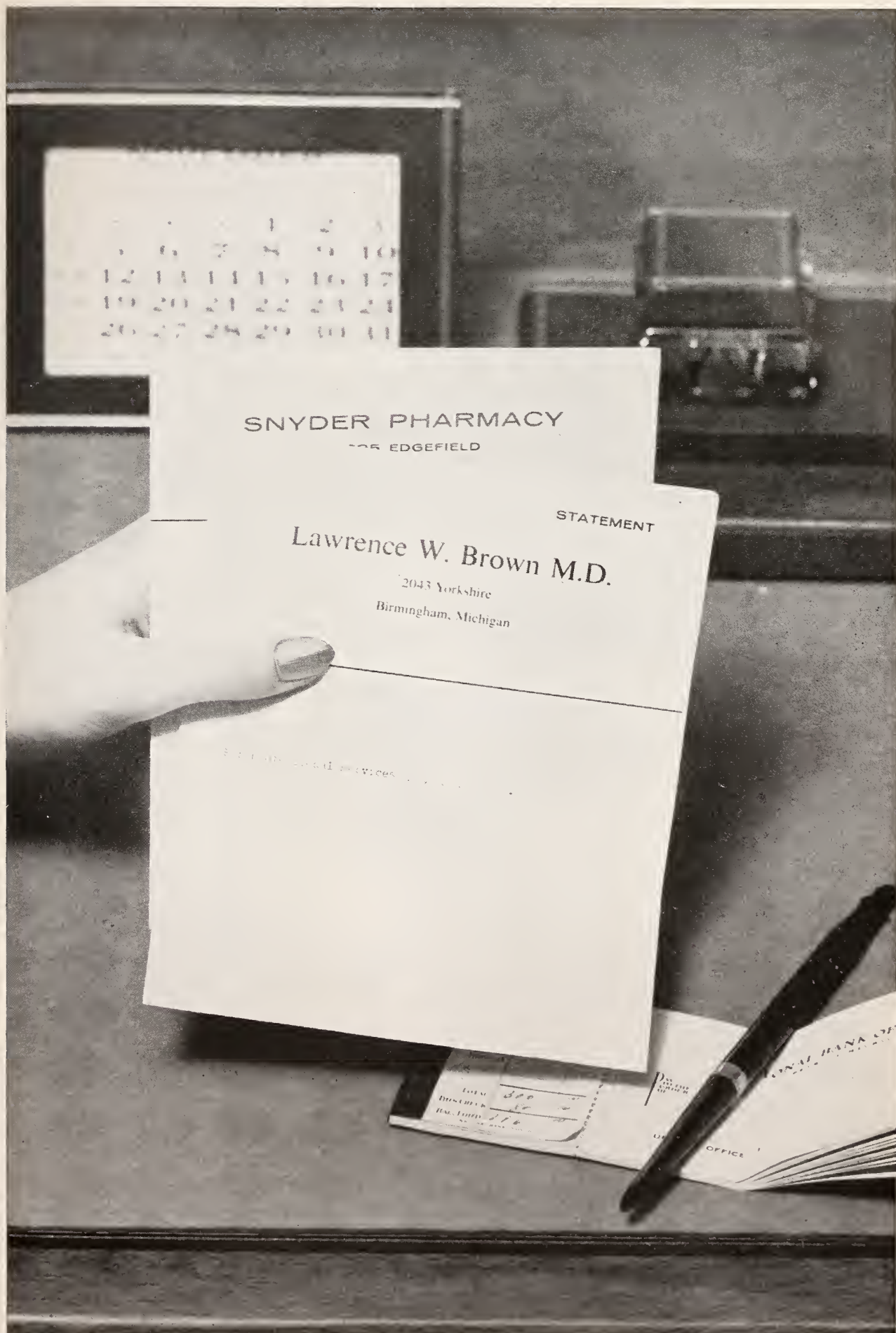
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ports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association.

Executive Secretary (page 1253)

Treasurer (pages 1256-1258)

Chairman of Council (pages 1260-1262)

Councilor reports (pages 1262-1267)

Executive Committee (pages 1270-1276)

Auditing Committee (page 1285)

Editor of JOURNAL (page 1327)

Delegates to A. M. A. (pages 778-782 July, 1956, JOURNAL)

DR. E. S. JONES, Hammond, delegate to the American Medical Association, gave the following verbal report:

In the first place, I would like for you to know that Franklin Smith Crockett, M.D., Past President of the Indiana Medical Association, was elected Vice-President of the American Medical Association. We were very proud to have had some little part in that.

Doctor Stover is the name on the tongue of every physician as a result of the adoption of the Stover Committee Report, without a dissent by the AMA House of Delegates. Wendell Stover, of the Indiana delegation, was selected by the AMA to head a committee of the House of Delegates to study the functions and operation of a joint committee on accreditation of hospitals. The House was high in their praise of the report made by Doctor Stover and his committee and labeled it as one of the best ever presented to the House of Delegates. I can say that of all reports since I have been in the House of Delegates that we have received, none has been received with as great enthusiasm as this report by Doctor Stover. The House of Delegates should be very proud of the way Doctor Stover presented it there. I shall not read to you the recommendations of the Stover Committee because they have been printed in your JOURNAL and I am sure you have all read them repeatedly. However, it was fine the way he put it over. His movies which he presented moving one hat from one place to another and so forth, made quite a hit.

There were 441 Indiana physicians registered at the AMA convention.

Established guides for evaluation of foreign medical graduates for internship, residencies, and eventually licensure were passed.

Received for study or re-writing were points of Medical Ethics. The new version is now stripped down to ten points so you don't have to spend all day reading them.

Report of AMA study to determine if optometry is an attempt at sectarian practice of medicine or cult, affirmed that voluntary association with optometrists is unethical.

Approved Federal Aid of Hill-Burton type for medical school construction but strictly limited approval to construction only.

The others are not too important. However, here is one that I think maybe you might like: No dues increase in AMA this year. But warning was issued that if more and more is to be expected of AMA in the way of service and states fail to assume their share of responsibility, that dues increase will be necessary in the future.

REFERENCE COMMITTEE ACTION

DR. E. S. JONES, chairman, presented the following report, which was adopted:

Report of the Executive Secretary. We want to compliment and praise our secretary and his office staff for the fine work which they have done. We also commend the executive secretary for the fine work which he has done in Washington on PL 569.

Treasurer's Report. This is certainly a very excellent report and is very informative. It shows the vast amount of work the treasurer has had to do, judging from the auditor's report.

Report of Auditing Committee. From the Auditing Committee's report we find that our state society is in very excellent financial condition and that the funds have been cared for in a safe and proper manner. We move the adoption of this report.

Chairman of the Council. We would like to compliment the chairman of the Council for a job well done; we feel that the Council will miss his excellent advice on his retirement from that position.

Reports of the Council Meetings and of the Executive Committee Meetings. We were amazed at the vast amount of work which is done by these two bodies and the amount of time that they have put into this for the benefit of organized medicine.

Report of the Medical Education Foundation. We feel that our state is falling far behind in its duty on this one point and that if this is not changed something radical should be done in our State Association.

Editor of The JOURNAL and Editorial Board. The editor of The JOURNAL, the Editorial Board and the staff are to be complimented on the fine Journal which they have published during the year. As you know, it is considered one of the best medical journals in the nation.

Reports from the district councilors show a great deal of keen interest and activity in the respective districts.

The report of the delegates to the AMA is commended and approved.

MATTERS REFERRED TO REFERENCE COMMITTEE ON SECTIONS AND SECTION WORK

The following reports of standing and special committees were referred to the Reference Committee on Sections and Section Work. All reports

will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association.

Committee on Scientific Exhibits

Committee on Scientific Work

Committee on Instructional Courses (page 1306)

REFERENCE COMMITTEE ACTION

DR. B. E. KINTNER, chairman, presented the following report, which was adopted:

Committee on Scientific Exhibits. The reference committee commends the work of the Committee on Scientific Exhibits. The quality of these exhibits exceeds that of the past conventions and the committee is to be commended for the excellence of this scientific presentation.

Although the quality of the scientific exhibits may speak for the standing committee, this reference committee regrets there is no written report available for the record to indicate the achievements of this hard working committee. For the record we wish to include the names of the members of this committee in this report. They are: Drs. J. L. Arbogast, Indianapolis, chairman; Jack Pilcher, Indianapolis; A. W. Ratcliffe, Evansville, and Joseph L. Haymond, Indianapolis.

Committee on Scientific Work. This committee is to be commended for obtaining the high quality of speakers on this scientific program this year and for programming speakers in new and varied fields of medical investigation. The names of the members of this committee are: Drs. Jack Pilcher, Indianapolis, chairman; F. W. Taylor, Indianapolis; Harold D. Caylor, Bluffton.

Committee on Instructional Courses. The report of this committee is noted and approved. The large attendance to the courses indicates the success of the committee's efforts. These courses have become a vital part of the convention, and the committee of next year is urged to broaden and extend this type of scientific presentation.

MATTERS REFERRED TO REFERENCE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

The following matters were referred to the Reference Committee on Medical Education and Hospitals. All reports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association. Supplemental reports and resolutions introduced before the House and referred to this committee are printed herewith.

Report of Committee on Medical Education and Licensure (pages 1278-1280), and the following supplementary report, presented by Dr. Maurice E. Glock, chairman:

Your Committee on Medical Education and

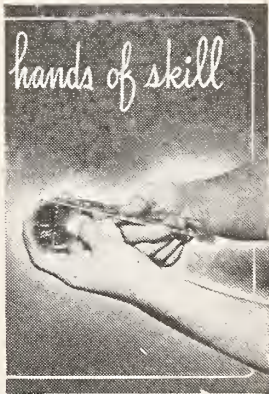
Licensure had a final meeting September 12, 1956. Guests present were Drs. John Van Nuys and Glenn Irwin of Indiana University School of Medicine, and Dr. A. C. Offutt of the Indiana State Board of Health.

Dr. Van Nuys reported on the extent of medical care being performed by the full time staff members on private patients and methods of payment by private patients. Attached is his report with the breakdown of private patient days between full time and visiting staff members. It was the opinion of your committee that the time spent on private patients was not abused or excessive and collection of fees was consistent with recent action of the last House of Delegates of the A.M.A. concerning this matter.

Dr. Glenn Irwin reported on a recent visit to the University of Tennessee Medical School, where he observed the operation of the General Practice Department, with especial interest in the family care program. He felt that such a program might be particularly applicable in our own school of medicine. After discussion in committee, it was agreed upon by Dr. Van Nuys that a Department of General Practice would be organized to study setting up an Extern Training Program, Preceptor Training, Voluntary Courses to be held in evenings concerning aspects of General Practice, and a Family Care Program.

A compilation of answers to the questionnaire

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on extern training was presented by Dr. Klepinger. It is apparent that there will be considerable interest and support for such a program. This committee is drafting a proposed set of recommendations and suggestions to the medical school for setting up such a program, which will be co-sponsored by the Committee on Medical Education.

The committee again discussed the amount of contributions to the American Medical Education Foundation. Contributions from January through September 1956 totaled \$15,347.50. This is a disappointing showing when it is considered that the state goal is \$50,000 a year. It was decided to again make a fall mailing to our members and a year end mailing pointing out that gifts to this foundation are tax deductible. It is the feeling of your committee that if this program does not receive better individual support from our membership that it might be wise for the House of Delegates in another year to re-evaluate this program and either discontinue this program entirely or take steps to put it on an assessment basis.

Dr. Offutt reported that funds are available for a series of courses for physicians on the subject of rehabilitation. Dr. Van Nuys offered to cooperate in furnishing facilities of the medical school, if such a program were sponsored by our state association. Our committee agreed to undertake sponsorship and plans are being made for such a program in the next several months.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, presented the following report, which was adopted:

Your Reference Committee on Medical Education and Hospitals wishes to report on the following business referred to it:

1. Report of Committee on Medical Education and Licensure as printed on page 157 of the Handbook. We move the acceptance of this committee report as printed on page 157 of Handbook. Their report shows they have done a very good job.

a. Supplementary Report as read in the first House meeting.

The reference committee moves the acceptance of this report with the following comment:

I. Re: Medical care by full-time staff members at University Hospital.

In light of AMA Council on Medical Service report which had been adopted which emphasizes that there should be very close liaison with the medical school and the local medical society in working out common problems and in elimination of misunderstandings.

II. Re: General Practice Section (second paragraph). We wish to commend the Committee for

the excellent progress that has been made toward the establishment of a Department of General Practice. We feel that the work of this committee could be combined with the work of other standing committees very interested in this field.

III. Re: Suggestion of possible assessment for A.M.E.F. This committee is opposed to an assessment—as a matter of principle. We feel that the Woman's Auxiliary might make it a project that each member sees that her husband makes his voluntary contribution to A.M.E.F.

Report of Sub-Committee on Preceptorships (page 1285), and the following supplementary report, presented by Dr. Lester D. Bibler, chairman:

The Sub-Committee on Preceptorships of the Indiana State Medical Association met at 11:00 a.m., September 23, 1956, at the Student Union Building of the Indiana University Medical Center, Indianapolis. The following doctors were present: J. E. Dudding, C. T. Dutchess, R. W. Koons, Robert P. Acher, John W. VanNuys, Glenn W. Irwin, Francis Land and Lester D. Bibler, and Mr. James Waggener, Executive Secretary of the Indiana State Medical Association.

A summary of the year's activities was given by the chairman with discussion by all members present as to continuing the Preceptorship Program and sponsoring a Family Care Plan. After much discussion it was decided that both plans should be encouraged. It was decided that the committee should meet with the Junior Class and present a panel discussion in the near future. This should be followed with a meeting of the students in smaller groups on different dates in an effort to follow up students who are interested in this particular program. It is also recommended that the Medical School consider requirement of one elective during the Senior year. These electives should consist of 1) preceptorship, 2) clerkships, 3) externships, 4) research, 5) industrial work, and 6) the family care plan. These plans are to be discussed in a future meeting of representatives from the Committee on Medical Education and Hospitals, Sub-Committees on Preceptorships, and a Committee from the faculty of the Indiana University School of Medicine.

The Chairman wishes to thank all members of the committee for their interest and cooperation during the past year.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, presented the following report, which was adopted:

2. Report of Sub-Committee on Preceptorships as printed on page 175 of Handbook, and the supplemental report as read at first meeting of the House.

We move the acceptance of these reports and wish to commend the sub-committee on the efforts

in the establishment of a Department of General Practice.

Report of Committee on Student Loan Fund (page 1321).

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, presented the following report, which was adopted:

3. Report of Committee on Student Loan Fund as printed on page 223. We move the acceptance of this report and wish to commend the committee for their work and feel that it should be continued.

Resolution No. 2. CORPORATE PRACTICE OF MEDICINE.

Resolution No. 3. STATE MEDIATION COMMITTEE.

RESOLUTION NO. 2

Subject: CORPORATE PRACTICE OF MEDICINE.
Submitted by: TIPPECANOE COUNTY MEDICAL SOCIETY.

WHEREAS, under the laws of Indiana, the practice of medicine is restricted to those persons who have been duly licensed by the state; and

WHEREAS, under the statutes of this state it is unlawful for a corporation to practice medicine; and

WHEREAS, when a corporation maintains a department such as pathology and radiology which is operated by a licensed physician under independent contract, such corporation may not give such physi-

cian directions or instructions relative to diagnosing or treating ailments or diseases without thereby destroying the relationship of independent contract and violating the laws of Indiana; and

WHEREAS, all medical regulations are designed to produce the best possible care and service for the patient;

THEREFORE BE IT RESOLVED, that a corporation or person not licensed to practice medicine may not give directions or instructions in the diagnosis or treatment of ailments to a licensed physician and surgeon and when such an attempt is made that it be brought to the attention of the Indiana State Medical Association through proper channels for such action as its proper officials or committees may deem proper or applicable.

Robert C. McAdams., M.D., Secretary
Tippecanoe County Medical Society
Adopted by Council of I.S.M.A.
August 5, 1956

RESOLUTION NO. 3

Subject: STATE MEDIATION COMMITTEE.
Submitted by: INDIANAPOLIS MEDICAL SOCIETY.

WHEREAS, the practice of medicine is restricted to those physicians duly qualified and licensed by the State of Indiana, and

WHEREAS, when a corporation maintains a department such as pathology and radiology which is operated by a licensed physician under independent contract, such corporation may not give such physician directions or instructions relative to diagnosing or treating ailments or disease without thereby destroying the relationship of independent contract and violating the laws of Indiana, and

WHEREAS, the best patient care and service is rendered by physicians when they have the freedom



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and privileges of individual practitioners of medicine beyond the control of lay bodies or corporations, and

WHEREAS, the rules and regulations of the Hospital Licensing Council hold such independent contractors as pathologists and radiologists responsible for the proper operation of their departments, and

WHEREAS, in differences of opinion between the administrators of such corporation as, for example, a hospital, and members of the medical staff, the medical staff of the local county medical society, and all other local bodies may be unsuccessful in resolving these differences in the best interest of patient care,

THEREFORE, be it resolved that when there is a controversy in which a physician alleges that a hospital or a corporation interferes with the ethical practice of medicine, such controversy may be brought to the attention of the Indiana State Medical Association through proper channels for such action as its proper officials or committees may deem proper or applicable.

Adopted August 7, 1956.

Council, Indianapolis Medical Society.

REFERENCE COMMITTEE ACTION

4. Re: Resolutions No. 2 and No. 3 as printed on page 109 of the Handbook. We move that Resolution No. 2 be dropped and Resolution No. 3 be accepted, as they are similar in content.

This committee feels that a radiologist, pathologist and anesthesiologist should be placed on the Physician-Hospital Relations Committee.

Resolution No. 19. HOSPITAL RESIDENCIES. Adopted by Seventh District Medical Society, September 26, 1956, and

Resolution No. 13. HOSPITAL RESIDENCIES. Adopted by Council of the Indianapolis Medical Society, September 4, 1956.

Inasmuch as these were identical resolutions, only No. 19 is printed here.

RESOLUTION NO. 19

Subject: HOSPITAL RESIDENCIES.

Submitted by: COUNCIL, INDIANAPOLIS MEDICAL SOCIETY.

WHEREAS, the physicians of the United States expect to be treated fairly by each other and by the medical institutions in which they work, and the best interests of the patients and of American Medicine are fostered by such fair play, and

WHEREAS, the same principle of fair play should be manifested by the American Medical Association through its various committees in their policies with respect to the accreditation of the training programs of American educational institutions and hospitals as carried out by the latter's staff physicians, and

WHEREAS, the reputation of educational institutions and hospitals, and the welfare of the physicians who work in them, are adversely affected by the summary withdrawal or down-grading of accreditation of the intern and/or residency training programs of these institutions without due notice, and consequently without opportunity to question the desirability of such changes or to correct such deficiencies as may be adjudged to exist in such programs by committees of the American Medical Association;

NOW THEREFORE, BE IT RESOLVED, that henceforth a minimum of six months' notice shall be given to all accredited educational institutions

and hospitals of any intended change in the accreditation of their medical training programs, with the opportunity given such institutions, within the notice period, to be heard with respect to the desirability of such change or to demonstrate that there have been corrected such deficiencies as may have prompted the change, and

BE IT FURTHER RESOLVED, that the withdrawal or down-grading of the accreditation of the medical training program of any such institution shall be made effective only after the failure of such institution to make the aforesaid showing within such six months' notice period, and

BE IT FURTHER RESOLVED, that upon approval of this resolution by the House of Delegates of the Indiana State Medical Association in annual meeting assembled, it shall be brought before the interim meeting of the House of Delegates of the American Medical Association in Seattle, for their approval.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, presented the following report, which was adopted:

5. Resolution Nos. 19 and 13. We move the adoption of Resolution No. 19 and that Resolution No. 13 be dropped due to similar content.

RESOLUTION NO. 16

Subject: NURSING SHORTAGE.

WHEREAS, intense efforts over several years to increase the number of available trained nurses has failed to produce results as rapidly as the need for them has increased, and

WHEREAS, in the face of the growing shortage of nurses, many institutions have been forced to close down their schools of nursing, further aggravating the situation, and

WHEREAS, the problems involved in solving this dilemma are many, embracing entrance requirements, costs of training, length of training, reward for completion, etc., and

WHEREAS, solutions for these problems are the joint concern and responsibility of doctors, hospitals, and nurses, now therefore

BE IT RESOLVED, that the Indiana State Medical Association establish a committee to meet with similar committees from the Indiana State Hospital Association and Indiana State Nurses' Association; and

BE IT FURTHER RESOLVED, that this joint group review the entire nursing situation, including entrance requirements, cost of training, nursing school capacities, salaries, and establishment of various limits of training and licensing of nurses in an attempt to attract more young women to the nursing profession and to keep them active for a longer time.

Approved September 9, 1956, by

The Council of the Lake County Medical Society.

REFERENCE COMMITTEE ACTION

DR. J. E. DUDDING, chairman, presented the following report, which was adopted:

6. Resolution No. 16 as printed on page 122 of the Handbook with reference to Nursing Shortage. We move the acceptance of this resolution.

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON LEGISLATION

The following matters were referred to the Reference Committee on Legislation. All reports

will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association. Supplemental reports and resolutions introduced before the House and referred to this committee are printed herewith.

Report of the Committee on Public Policy and Legislation (page 1280), and the following supplementary report, presented by Dr. J. William Wright, Sr., co-chairman:

The Council of the Indiana State Medical Association at its meeting August 26, 1956, referred the enclosed resolution to the Committee on Public Policy and Legislation.

The Committee recommends that a neutral position be maintained and respectfully suggests that the House of Delegates approve this recommendation.

A BILL FOR AN ACT Concerning Medical, Surgical and Hospital Care for the Poor.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF INDIANA:

SECTION 1. All medical, surgical and hospital care needed by the poor who are financially unable to provide such care for themselves, and all such care as may be required in any emergency where one is sick or in distress and without friends or money and needs such care immediately, shall be provided by the public welfare department of the county wherein such poor persons have their residence, or of the county where such person in need

of immediate care is found—except that, in case of emergency, immediate temporary relief consisting of such care shall be provided by the public welfare department of the county where such person is found, only until such care can be arranged for through the public welfare department of the county of his residence, under the laws in regard thereto.

SECTION 2. All duties, powers, functions and authority of township trustees under existing laws in regard to medical, surgical and hospital care, are hereby transferred without change or diminution to the departments of public welfare of their respective counties, and shall be performed and exercised by such departments in co-ordination with the other duties, powers, functions and authority of such departments. The township trustees shall continue to be ex officio overseers of the poor in their respective townships, and shall continue to perform all duties of the overseer of the poor as prescribed by existing law except the supplying of medical, surgical and hospital care for the poor; and in regard to such care the trustees shall report to their respective county welfare departments all cases where such care is needed which come to their attention.

SECTION 3. The county public welfare departments shall include in their regular budgets the estimated costs of medical, surgical and hospital care provided for in this act, for recipients of

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county welfare benefits in their various classifications. The funds to pay the cost of such care shall be provided from the same sources and in the same manner as other funds for use of the county welfare departments. Adjustments between counties, where one county has incurred expense under this act in caring for a resident of another county, shall be made in the same manner as with other costs paid by county welfare departments in caring for non-residents.

REFERENCE COMMITTEE ACTION

DR. J. WILLIAM WRIGHT, SR., chairman, presented the following report, which was adopted:

The Reference Committee on Public Policy and Legislation reviewed four subjects.

1. (a) The committee recommends that the report of the Committee on Public Policy and Legislation as printed in the Handbook be approved.

(b) The committee recommends that a neutral position be maintained on a proposed bill to be introduced in the next General Assembly which would transfer the payment of medical, surgical and hospital bills for the care of the poor from the township trustee to the Department of Public Welfare.

RESOLUTION NO. 4

Subject: OPTOMETRISTS' LEGISLATIVE DRIVE.
Submitted by: COUNCIL, INDIANAPOLIS MEDICAL SOCIETY.

WHEREAS, in other states efforts have been made by optometrists to expand their areas of operation to the exclusion of physicians; and

WHEREAS, these efforts have included legislation to limit to optometrists the right to examine people for spectacles, and to limit the prescription, sale or dispensing of eye glasses to practitioners of that profession; and

WHEREAS, these same legislative efforts call for optometrists to be granted the privilege to examine eyes for medical and surgical purposes, use and prescribe medication of all kinds and to perform surgery; and

WHEREAS, the hiring of optometrists by physicians for the purpose of doing refractions oftentimes is misconstrued by the public and works to give weight to the above-mentioned legislative drive of optometrists; now, therefore

BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association by official action alert its committee on public policy and legislation to any effort in the 1957 and subsequent sessions of the Indiana General Assembly by optometrists to expand their areas of practice; and

BE IT FURTHER RESOLVED, that this House of Delegates declare that it is unethical for a physician to employ the services of an optometrist to do refractions or render other services under the guise and protection of the practice of medicine; and

BE IT FURTHER RESOLVED, that the intent of this resolution be carried to the House of Delegates of the American Medical Association by Indiana's delegates to that body.

Adopted August 7, 1956.

REFERENCE COMMITTEE ACTION

DR. J. WILLIAM WRIGHT, chairman, presented the following report, which was adopted:

The committee recommends that in conjunction with the standards established by the American

Medical Association, employment of an optometrist to do refractions or render other services under the guise of the practice of medicine is illegal and should be declared unethical and that January 1, 1957, shall be the expiration date of any such practices which now exist.

RESOLUTION NO. 15

Subject: TEMPORARY TRAINING PERMITS FOR INTERNS

WHEREAS, a shortage of interns exists throughout the country, and will probably continue to do so for several years, and

WHEREAS, the interns available are more readily attracted to hospitals associated with, or located near, medical schools and research centers, and

WHEREAS, this imbalance of interns throughout the nation's hospitals reduces the effective operation of hospitals in smaller communities or those where no medical schools or research facilities exist, and

WHEREAS, the Joint Commission on Accreditation of Hospitals requires adequate intern staffing for accreditation, and

WHEREAS, a large number of graduates of medical schools of foreign countries, approved by the American Medical Association, are serving internships, and thus filling the gap, in many states other than Indiana, and

WHEREAS, present regulations of the Indiana State Board of Medical Registration and Examination prohibit the use of such interns in Indiana hospitals, now therefore

BE IT RESOLVED, that the Indiana State Medical Association, on behalf of all of the state of Indiana, appoint a special committee to work with the Indiana State Board of Medical Registration and Examination and/or the 90th General Assembly of Indiana, convening in January, 1957, to obtain whatever changes are necessary under the law to make temporary training permits available, as several states already do, in lieu of licenses, to the graduates of all medical schools approved by the American Medical Association, such permits to be in effect only during the course of internships in Indiana hospitals.

Approved September 9, 1956, by

The Council of the Lake County Medical Society

REFERENCE COMMITTEE ACTION

DR. J. WILLIAM WRIGHT, SR., chairman, submitted the following report and moved its adoption:

No. 3. The Committee recommends that the President of the Indiana State Medical Association for 1957 appoint a committee of five to investigate and recommend in conjunction with the Indiana State Board of Medical Registration and Examination a logical and feasible procedure regarding the granting of temporary licenses to interns and to report to the House of Delegates at the 1957 meeting.

(Dr. Wright explained that the only change the committee had made in the resolution was leaving out "the General Assembly" and naming a date and specifying who shall appoint the committee.)

(Dr. Maurice Glock suggested that this matter be referred to the standing Committee on Medical Education and Licensure, and on motion of Drs.

Denny and Paris, the reference committee accepted this suggestion.)

On motion of Dr. Wright, this section of the reference committee's report then was adopted as amended.

RESOLUTION C—REPORT OF THE COMMITTEE ON TUBERCULOSIS

(page 1322)

C. WHEREAS—Interns and Residents are not available for State Institutions caring for Pulmonary Tuberculosis as well as Mental Institutions; and

WHEREAS—Other neighboring states, specifically Ohio and Illinois, have arrangements for limited licensure of doctors, whereby foreign graduates can be used effectively to supply these needs;

BE IT RESOLVED—That the Indiana State Medical Association favor and promote legislation which will make it possible for foreign graduates to serve in state institutions.

LETTER FROM ADMINISTRATOR OF ST. JOSEPH HOSPITAL, FORT WAYNE, INDIANA

Dr. Maurice E. Glock
340 Medical Center Building
Fort Wayne, Indiana

Dear Dr. Glock:

As a Chairman of the Committee of Medical Education and Licensure of the Indiana State Medical Association I would like to bring to your attention the feelings and reactions of our administrative staff regarding the regulation requiring interns and residents to be licensed so that they may participate in our hospital educational programs. As far as we know, this requirement is one demanded but by few states. Most states, we understand, require only an M.D. Degree from a school approved by the American Medical Association.

In our opinion the end result of the Indiana requirement is the lack of interns which is plaguing so many of our hospitals and is also keeping so many Indiana hospitals from having residency programs. Saint Joseph's Hospital as well as both Parkview and Lutheran have made desperate attempts to get American interns but none of the three have this year been able to do so. We here feel most fortunate in having been able to obtain even three interns through the Exchange Visitors Program. These are three qualified doctors from the Philippines.

We are aware in some cases of the difficulty of being unable to obtain credentials of application for training from schools destroyed by the war. This, of course, does not apply to the English, Canadian, and many other schools approved by the American Medical Association. Graduates of schools where full information is available are still not allowed to take license examinations in Indiana. We feel this regulation effects unusual hardship in residency programs such as ours. It would seem to us that it would be to our common good to have the rule amended and/or relaxed to make it possible to accept trainees from countries where information is available.

I am hoping that you may find a way to interest your colleagues on the Committee in what now is a serious problem at our hospital and in so many others in the state.

Sincerely,
SISTER M. AUGUSTA, R.N.
Administrator

REFERENCE COMMITTEE ACTION

DR. J. WILLIAM WRIGHT, SR., chairman, presented the following report and moved its adoption:

4. The committee recommends that the duties of the aforementioned committee (see paragraph No. 3) be enlarged to consider the advisability of promoting legislation which would make it possible for foreign graduates to serve in state institutions.

Cognizance was taken of a letter received from the Sister Administrator of St. Joseph Hospital, Fort Wayne, with reference to licensing of interns. The report is incorporated in the recommendation that a committee be appointed for investigation.

(Dr. Paul Tindall made the motion, which was duly seconded, that this report be referred to the same committee that the last section (No. 3) was referred to, because it is a legislative problem and should be studied beforehand. Dr. Wright accepted the amendment that this matter of granting foreign graduates permission to practice in the state or public institutions be referred to the standing committee on Medical Education and Licensure for study. On motion of Dr. Wright, this section of the reference committee's report was adopted as amended.)

On motion of Drs. Wright and Paul Tindall, the report of the Reference Committee on Legislation was adopted, with amendments, as a whole.

MATTERS REFERRED TO REFERENCE COMMITTEE ON PUBLIC RELATIONS

The following matters were referred to the Reference Committee on Public Relations. All reports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association. Supplemental reports and resolutions introduced before the House and referred to this committee are printed herewith.

Grievance Committee (page 1277)

Public Relations Committee (pages 1280-1281)

Committee on Publicity (pages 1281-1282)

Committee on Rural Health (pages 1282-1284)

Committee on Civil Defense (pages 1286-1288)

Committee on Necrology (page 1318)

Committee on School Health and Physical Education (pages 1319-1320)

Committee on State Fair (page 1320), and the following supplementary report, presented by Dr. Malcolm O. Scamahorn, chairman:

The State Medical Association had a most successful exhibit at the State Fair. The exhibit, "Life, Its Beginning, Growth and Birth" was better attended this year than any in the years that the chairman has been connected with the committee. The free blood pressure readings were not as well attended as the exhibit, which is unusual. Over ten thousand people passed through and studied the exhibit. Students are not available for aid in this

work due to the quarter system of classes at the Indiana University School of Medicine.

The exhibit, "Life, Its Beginning, Growth and Birth," has been requested again for next year's fair. We have had many requests for its return and favorable comment about its educational value.

The Committee wishes to thank again the Woman's Auxiliary of Indianapolis for their help and Messrs. Bush and Amick of the state office.

Committee on Traffic Safety (page 1321)

Liaison Committee with Labor (page 1308)

Liaison Committee with State Department of Public Welfare (pages 1308-1310)

Resolution No. 1—ESSAY CONTESTS

Resolution No. 17—DIVISION OF FEES

DR. PAUL TINDALL, chairman, presented the following report, which was adopted:

The Reference Committee on Public Relations has considered the report of the Committee on Grievances and feels that the work of this committee has operated to the mutual advantage of both physician and patient. Adoption of this report is recommended.

Your committee approves and recommends the adoption of the report of the Committee on Public Relations in its entirety. We feel that this committee has rendered an outstanding service and should be highly complimented for its work.

We recommend that all component county societies avail themselves of the opportunity to participate in the Science Fair movement.

The report of the Committee on Publicity was fully perused by the reference committee and the committee is commended for its work. It is urged that every component county society utilize all means of obtaining favorable publicity at the county level. The adoption of this report is recommended.

Your committee feels that the Committee on Rural Health has continued to do outstanding work under the able leadership of Dr. Joseph Dudding. This committee is particularly commended for its interest and effort to place general practitioners in rural communities. The report of this committee is fully approved and its adoption is recommended.

Your reference committee congratulates the Committee on Civil Defense for its continued efforts to formulate an effective organization under admitted difficult circumstances.

The report of this committee is recommended for adoption.

Your reference committee recommends the adoption of the report of the Committee on Necrology.

Mr. President, I move that this portion of this report be approved.

The reference committee notes with approval these suggestions of the Committee on School Health and Physical Education and recommends the adoption of the report in full.

Your committee has reviewed the report of the Committee on State Fair and the supplementary report (submitted at the first meeting of the House of Delegates). We feel that the work of this committee is a noteworthy achievement in the field of public relations and recommend the approval and adoption of both the original and supplementary reports.

The reference committee has reviewed the report of the Committee on Traffic Safety and feels that this work should be continued. The adoption of this report is recommended.

Your committee has perused the report of the Liaison Committee with Labor and recommends the adoption of the report.

The reference committee feels that the work of the Liaison Committee with State Department of Public Welfare has been quite fruitful in promoting a better understanding and cooperation between the department and the medical profession, and further feels that this work should be continued on the same high level in the future as during the past year.

This report is recommended for adoption.

Mr. President, I move the adoption of this portion of the report.

The following resolution, presented by the 1956 Committee on Essay, was referred to the reference committee on Public Relations:

RESOLUTION NO. 1

Subject: ESSAY CONTESTS

Submitted by: 1956 COMMITTEE ON ESSAY

WHEREAS, a committee of the I.S.M.A. was appointed in 1955 to promote an Essay Contest for Indiana students to write on the advantages of private medical care, or on the advantages of the American free-enterprise system, for the obvious reason that the practice of medicine cannot remain on a voluntary free-enterprise basis unless present and future students in our schools have an opportunity to learn something about the advantages of the free-enterprise system, and

WHEREAS, the \$100 allotted to the Essay Committee by the 1956 Budget Committee for the implementation of this subject is far too little, and

WHEREAS, the propaganda of collectivism that is being taught in our schools requires prompt and extensive refutation on a scale commensurate with the need, now,

THEREFORE BE IT RESOLVED, that the I.S.M.A. in official session this — day of October 1956 urge each County Medical Society and its Auxiliary to at once develop plans to promote this Essay Contest for competitive awards in 1957, using local funds for promotion and awards at county level, and,

BE IT FURTHER RESOLVED, that a more realistic budget of at least \$5,000 be made available to the Essay Committee to buy the necessary libertarian literature for distribution to counties having participants, and to advertise such an Essay Contest with a state-level first prize of \$500; second prize of \$300; third prize of \$200, and six honorable mention prizes of \$50 each, through such newspaper, radio or television outlets as will best accomplish a wide participation of contestants. Plato has well said, "The penalty good men pay for indifference to public affairs, is to be ruled by evil men."

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*Schwartz, E.: New York J. Med. 56:570, 1956.

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Your reference committee has heard much discussion and argument concerning the merits of this resolution in and out of committee hearings, the majority of which was against the adoption of this resolution.

The predominant thought of those who discussed the matter with this favor concerned the comparative value of public relations benefits derived from the Indiana Science Fair movement and an untried contest, remembering that budgetwise, only a reasonable percentage of the whole may be expended for public relations each year. It was also felt that no definite and well-planned program had been presented for the development of the essay contest project.

It was further understood by your reference committee that this matter had previously been brought to the attention of the House of Delegates, who had then wisely referred the matter to the standing committee on Public Relations for their consideration as a part of our overall public relations activity.

And, since it is the thought of your committee that our public relations activities should be well-planned and conducted, we therefore recommend that this matter be again referred to the standing committee on Public Relations for their consideration and recommendation.

Now, Mr. President, I move the adoption of this portion of the report.

The following resolution No. 17 presented and approved by the Council of the Lake County Medical Society was referred to your reference committee on Public Relations:

RESOLUTION NO. 17

Subject: DIVISION OF FEES

WHEREAS, much unjustified criticism of the medical profession has appeared in the lay press over the past few years on the subject of fee splitting, ghost surgery, etc., and

WHEREAS, a great deal of this criticism has directly quoted physicians and medical organizations, and

WHEREAS, the public has thereby been given a distorted picture of the reasons for the division of fees between referring doctors and surgeons, and a stigma, wholly unwarranted, has attached itself to such doctors, and

WHEREAS, there is sound justice, both medically and morally, for the division of fees between two or more doctors who render actual service on the same case, now therefore

BE IT RESOLVED, that the Code of Ethics of the American Medical Association be revised to recognize the right of physicians to so divide fees, commensurate with actual service rendered, and

BE IT FURTHER RESOLVED, that the American Medical Association and its component societies undertake a vigorous public education program to explain this situation to the public and to correct the false impression that has been created by the publicity in the past, and

BE IT FURTHER RESOLVED, that the Indiana Delegates to the American Medical Association

House of Delegates in November, 1956, at Seattle, strive to include the above principles in the final language used in the American Medical Association Code of Ethics.

Approved September 9, 1956, by
The Council of the Lake County Medical Society

Your committee, in consideration of Resolution No. 17, fully understands that certain Lake County surgeons and obstetricians believe and have stated that their staff appointments and accreditation of their hospitals were in jeopardy if they paid a necessary physician assistant to help them perform a surgical operation or deliver a patient for them in their absence, which conditions prompted the formulation and submission of this resolution.

In the opinion of the reference committee, this situation could be remedied quite easily, provided each physician rendering service to a common patient would have a preliminary understanding with the patient and each render his separate bill, commensurate with the actual services rendered.

In the opinion of this committee there is no place in a Code of Ethics for the term "division of fees". Therefore, this committee recommends the rejection of this resolution. Mr. President, I move the adoption of this portion of the report.

Mr. President, I move the adoption of this report in its entirety.

MATTERS REFERRED TO THE REFERENCE COMMITTEE ON HYGIENE AND PUBLIC HEALTH

The following matters were referred to the Reference Committee on Hygiene and Public Health. All reports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association.

- Committee on Industrial Health (page 1277)
- Committee on Cancer (pages 1285-1286)
- Committee on Chronic Illness (page 1286)
- Committee on Conservation of Vision (page 1300)
- Committee on Diabetes (page 1302)
- Committee on Conservation of Hearing (page 1288)
- Subcommittee on Noise in Industry (pages 1288-1298)
- Committee on Heart Disease (pages 1302-1306)
- Committee on Maternal and Child Health (pages 1310-1312)
- Committee on Mental Health and Alcoholics (pages 1316-1318)
- Committee on Tuberculosis (pages 1321-1322)
- (All of this report referred to Reference Committee on Hygiene and Public Health except paragraph C, page 1322, which is referred to the Reference Committee on Legislation.)
- Committee on Polio (page 1318)
- Committee on Venereal Disease (pages 1322-1326)
- Committee on Crippled Children Rehabilitation (page 1300)

REFERENCE COMMITTEE ACTION

DR. MAURICE E. GLOCK, chairman, presented the following report, which was adopted:

Your reference committee met at 9:00 a. m., October 17, and studied and considered the following reports:

(listed above)

Your reference committee has favorably received and concurs with these committee reports. We wish to commend the many members who worked so faithfully on these various committees and for their excellent reports. We approve of these fourteen reports with the exception of Section C, Report of the Committee on Tuberculosis, which was not referred to our committee, and with the exception of the last paragraph of the report of the Committee on Conservation of Vision which reads: "By a majority, but not unanimous vote, it was decided that we recommend that the ISMA renew participation in the Indiana Interprofessional Committee for Eye Care", which we disapprove.

I move the adoption of this report.

MATTERS REFERRED TO REFERENCE COMMITTEE ON AMENDMENTS TO THE CONSTITUTION AND BYLAWS

The following matters were referred to the Reference Committee on Amendments to the Constitution and Bylaws. All reports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10, JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this Committee are printed herewith.

Committee on Constitution and Bylaws (page 1276)

Resolution No. 5. ELIGIBILITY FOR SENIOR MEMBERSHIP

Resolution No. 6. CHARGE TO SENIOR MEMBERS FOR THE JOURNAL OF ISMA

Resolution No. 7. CHANGE IN DUES DATE

Resolution No. 12. REORGANIZATION OF COMMITTEES AND THEIR FUNCTIONS

Resolution No. 14. NON-RESIDENT MEMBERSHIP IN COUNTY SOCIETIES

REFERENCE COMMITTEE ACTION

DR. FRANK GREEN, chairman, presented the following report, which was adopted:

The following matters were referred to the Reference Committee on Amendments to the Constitution and Bylaws following the first meeting of the House of Delegates on October 15, 1956: The resolutions presented to this committee can be found in the Handbook of the Delegates on page 111, Resolution No. 5, referring to Eligibility for Senior Membership; Resolution No. 6, on page 112, referring to Charge to Senior Members for The JOURNAL of ISMA; Resolution No. 7, page 113,

referring to the Change in the Dues Date; Resolution No. 12, page 118, referring to the Reorganization of Committees and Their Functions, and Resolution No. 14, on page 120, referring to Non-Resident Membership in County Societies.

The report of the Committee on Constitution and Bylaws was read and considered and no changes were made, and the report was received as read. The committee moves the adoption of this report of the standing Committee on Constitution and Bylaws, as printed on page 155 of the Handbook.

RESOLUTION NO. 5

Subject: ELIGIBILITY FOR SENIOR MEMBERSHIP

Submitted by: FORT WAYNE (ALLEN COUNTY) MEDICAL SOCIETY

WHEREAS, the age of sixty-five years has become generally accepted as the age of retirement; and

WHEREAS, there are few members of the medical profession remaining in active practice during the years just preceding the age of seventy-five; and

WHEREAS, it is believed that members of the medical profession who attain the age of sixty-five years have contributed sufficient monetary assistance to their county and state medical organizations by virtue of having paid membership dues during a period of approximately thirty-five years; now therefore be it

RESOLVED, that the Allen County Medical Society does hereby go on record as favoring the reduction of age limit for observance of Senior Membership in this Society and in the Indiana State Medical Association from the age of seventy-five years to the age of sixty-five years; and be it further

RESOLVED, that this resolution be brought to the attention of all County Medical Societies in the State to seek their active support of its adoption at the state level, and be it further

RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for consideration at its annual meeting to be held on October 15, 16, 17 and 18, 1956, at Indianapolis.

Adopted this fifteenth day of May, 1956

Fort Wayne (Allen County) Medical Society
C. H. Warfield, M.D., Secretary

REFERENCE COMMITTEE ACTION

DR. FRANK GREEN, chairman, presented the following report, which was adopted:

Resolution No. 5—Eligibility for Senior Membership, submitted by the Allen County Medical Society, referring to reduction of age limit, from 75 to 65, for senior membership. Your reference committee wishes to amend this resolution in the following way: To reduce the eligibility age for senior membership to age 70, in conformity with the AMA's rule on senior membership, beginning the year after the member reaches the age of 70. The committee approves the adoption of this resolution in this amended form.

RESOLUTION NO. 6

Subject: CHARGE TO SENIOR MEMBERS FOR THE JOURNAL OF I.S.M.A.

Submitted by: FORT WAYNE (ALLEN COUNTY) MEDICAL SOCIETY

WHEREAS, the 1955 membership roster of the Indiana State Medical Association indicates there

were two hundred fifty-eight (258) physicians qualifying as Senior Members in the State Association; and

WHEREAS, said Senior Members are required to pay the regular annual subscription price of three dollars (\$3.00) if they desire to receive The JOURNAL of the State Association; and

WHEREAS, it is a provision of the Constitution and By-Laws of the I.S.M.A. that to qualify as a Senior Member a physician must have held membership in said Association for twenty years or more; and

WHEREAS, it is believed such requirement represents substantial monetary support to the State Association by the individual physician; now therefore be it

RESOLVED, that the Allen County Medical Society does hereby go on record that all Senior Members of the State Association be sent The JOURNAL on a gratis basis as a complimentary gesture of the State Association; and be it further

RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for adoption at its next annual meeting to be held on October 15, 16, 17 and 18, 1956, at Indianapolis, Indiana.

Adopted this third day of April, 1956

Fort Wayne (Allen County) Medical Society
C. H. Warfield, M.D., Secretary

REFERENCE COMMITTEE ACTION

DR. FRANK GREEN, chairman, presented the following report, which was adopted:

Resolution No. 6—Charge to Senior Members for The JOURNAL of Indiana State Medical Association, as presented by the Fort Wayne Medical Society. The Committee read and after due deliberation rejected this resolution which would give senior members The JOURNAL of ISMA free of charge. We recommend the adoption of this section of our report.

RESOLUTION No. 7

Subject: CHANGE IN DUES DATE

Submitted by: INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, there appears to be considerable conflict on delinquent dates for payment of annual dues between the Indiana State Medical Association and the various component county societies; and

WHEREAS, the dues date for delinquencies now established as February 1 by the State Association works a hardship and inconvenience on many members because the period of January 1 to February 1 of any year brings a heavy financial outlay in terms of taxes, heavy year-end bills and the like; and

WHEREAS, a later delinquent date would more nearly bring the State Association in conformity with the various component county societies and would ease the heavily concentrated financial burden on the members; now

THEREFORE, be it resolved that the By-Laws of the Indiana State Medical Association be amended to provide for a delinquent date of April 1 of any year instead of February 1 as now provided.

Indianapolis Medical Society

Adopted August 7, 1956

REFERENCE COMMITTEE ACTION

DR. FRANK GREEN, chairman, presented the following report, which was adopted:

Resolution No. 7—referring to Change in Dues Date, presented by the Indianapolis Medical So-

ciety. This resolution refers to the extension of the delinquent date for payment of state association dues from February 1 to April 1 to coincide with the present policy of the Indianapolis Medical Society and thereby making the delinquent date for the Indiana State Medical Association dues April 1 of any year instead of February 1 as now provided. Your committee has considered this resolution and recommends that this resolution be rejected.

RESOLUTION NO. 12

Subject: REORGANIZATION OF COMMITTEES AND THEIR FUNCTIONS

Submitted by: RUSH COUNTY MEDICAL SOCIETY

WHEREAS, in the organization of the Indiana State Medical Association it is evident that there are many committees that have poorly defined duties, that apparently many functions of the committees are overlapping, and that representation throughout the state is not equitable,

BE IT RESOLVED: We propose that the House of Delegates consider and study the feasibility of reorganization of the committees and their functions, as is best fitted to the needs of the Indiana State Medical Association.

This resolution was passed unanimously by the Rush County Medical Society on July 6, 1956.

REFERENCE COMMITTEE ACTION

DR. FRANK GREEN, chairman, presented the following report, which was adopted:

Resolution No. 12—referring to the Reorganization of Committees and Their Functions, presented by the Rush County Medical Society. The committee approves the resolution with the following change: In the second portion of the resolution beginning "Be It Resolved" the committee recommends that it read, "Be It Resolved: We propose to the House of Delegates that the President appoint a committee to consider and study the feasibility of reorganization of the committees of the Indiana State Medical Association, their functions to be specifically defined, and fitted to the needs of the Indiana State Medical Association; this committee report to be due at the first session of the House of Delegates in 1957."

Your committee wishes to recommend for approval this resolution to the House of Delegates with the change as given above.

RESOLUTION NO. 14

Subject: NON-RESIDENT MEMBERSHIP IN COUNTY SOCIETIES

WHEREAS, many out-of-state physicians, practicing in counties bordering on Indiana, conduct a portion of their practices within the state of Indiana, have staff membership in Indiana hospitals, and hold Indiana license to practice Medicine, and

WHEREAS, many of these doctors desire to participate actively in the county medical societies in Indiana nearest them because of a more active program, size, or because of greater association with the Indiana physician members, and

WHEREAS, it is the desire of the county medical societies in Indiana so affected, to enroll such phy-

sicians as fully supporting, and actively participating members, and

WHEREAS, Article 4, Section 2, of the Constitution of the Indiana State Medical Association now states, "No county medical society shall grant membership therein on a basis that does not include membership in the Indiana State Medical Association," now therefore

BE IT RESOLVED, that Article 4, Section 2 of the Constitution of the Indiana State Medical Association be amended by adding after the word "Association," the words "or another component state association of the American Medical Association."

Approved September 9, 1956, by

The Council of the Lake County Medical Society

REFERENCE COMMITTEE ACTION

DR. FRANK GREEN, chairman, presented the following report:

Resolution No. 14—referring to Non-Resident Membership in County Medical Societies.

The gist of this resolution to change the Constitution is to allow county medical societies who are adjacent to other state medical groups to bring into their organizations members from other states to participate in any benefits offered by the respective Indiana County Medical Societies, and allowing them the rights and privileges of Indiana State Medical Association members with the exception that their addition to the county medical society will not change the representation of a county in the House of Delegates of the State Association, or the state's representation to the AMA. It is the legal opinion of Albert Stump that this change can be made without effecting any change of representation in either state or county representation, and will give to the requesting counties the right to control the membership of their counties even though it be made up of out-of-state members.

The committee recommends that the resolution be amended by striking out the last paragraph which begins with the words, "Be It Resolved," and substituting in lieu thereof the following paragraph: "Be It Resolved that Article IV, Section 2, of the Constitution be amended to read as follows: 'Section 2, Active Members. The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant membership therein on a basis that does not include membership in the Indiana State Medical Association.'

Your Reference Committee on Amendments to Constitution and Bylaws recommends the acceptance of Resolution No. 14 with the amendment to Article IV, Section 2, and that the following be added to Article IV, Section 2, at the end of that paragraph ending with "Association" and stating:

"Provided however, that any county medical society may include a class of active members to be known as limited active members; and that limited active members may be members of any component state association of the American Medical Association,

other than the Indiana Association, and that such limited active members shall not be counted in determining the number of delegates to the Indiana State Medical Association and to the AMA to which the county that admits them as limited members is entitled, or to which the state of Indiana is entitled in its delegation to the AMA, but that such members shall have all of the other rights and privileges pertaining to active members; and that such limited active members shall be reported as limited active members by each county society secretary having such members, and such limited active members shall pay all county and state dues and have all other obligations that now pertain to active members."

The committee recommends the adoption of the amended resolution.

ACTION OF THE HOUSE OF DELEGATES

Dr. Paul Tindall's motion to change "may" to "must be members of any component state association," seconded by Dr. Denny, and carried, was accepted by Dr. Green and the other members of the Reference Committee on Amendments to the Constitution and Bylaws.

On motion of Drs. Denny and Dudding, the House further amended this section of the report of the Reference Committee on Amendments to the Constitution and Bylaws to include the provision "that

for CHILDREN with EDUCATIONAL and ADJUSTMENT PROBLEMS

- ... a private resident school for children of average or superior intelligence whose psychological difficulties impair their learning abilities and school progress.
- ... enrolling children from seven to fourteen years of age. Coeducational. Small classes. Remedial reading. Brochure on request.
- ... provides a program of education with psychotherapy.
- ... out-patient psychiatric evaluation and consultation for children.

ANN ARBOR SCHOOL

A. H. Kambly, M.D., Director

411 First National Building Ann Arbor, Mich.

no such limited active member shall be entitled to medical defense by the Association."

On voting, Dr. Green's motion to adopt this section of the report dealing with Resolution No. 14 and containing the above two amendments, was lost.

Dr. Green moved that the report of the Reference Committee on Amendments to the Constitution and Bylaws be adopted as a whole, with the exception of Resolution No. 14 concerning a Constitutional amendment which was voted against. (No second.)

On motion of Drs. Larson, Vye and Bibler, the House voted to reconsider that section of the report of the Reference Committee on Constitution and Bylaws concerning Resolution No. 14, with the two amendments, as voted by the House.

Dr. Nafe moved that this section of the report of the Reference Committee on Amendments to the Constitution and Bylaws be adopted as amended. Motion duly seconded.

On motion of Drs. Ross and Tindall the House voted a third amendment to this section of the Reference Committee's report, as follows: (amendment in italics):

"Such limited active members shall pay all *Indiana county and Indiana State Medical Association dues through the usual channels* and have all other obligations that now pertain to active members."

Dr. Green, chairman, moved the adoption of Resolution No. 14, with the three amendments voted by the House of Delegates, with references to changes in the Constitution. Motion seconded and carried.

On motion of Dr. Green, duly seconded, the report of the Reference Committee on Constitution and Bylaws was adopted as a whole.

MATTERS REFERRED TO REFERENCE COMMITTEE ON INSURANCE

The following matters were referred to the Reference Committee on Insurance. All reports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10 JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this committee are printed herewith.

Committee on Medical Care Insurance (pages 1315-1316)

Committee on Physician-Hospital Relations (page 1280)

Resolution No. 8. REGARDING DIRECTORS OF BLUE SHIELD

Resolution No. 11. AGAINST FEE SCHEDULES

Resolution No. 18. MUTUAL MEDICAL INSURANCE

Resolution No. 20. STANDARD INSURANCE REPORTING FORM

Resolution No. 21. MEDICAL REPRESENTATION AT LABOR-MANAGEMENT CONTRACT MEETINGS

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

The Reference Committee on Insurance respectfully submits the following report:

The reference committee has considered the report of the Medical Care Insurance Committee, printed on page 214 of the Handbook. We wish to commend this committee for its fine work and move that the report be adopted.

The report of the Committee on Physician-Hospital Relations, printed on page 160 of the Handbook, has been studied. The reference committee feels that the report is a good one. Mr. President, I move the adoption of this portion of the report.

RESOLUTION NO. 8

Subject: REGARDING DIRECTORS OF BLUE SHIELD

Submitted by: LA PORTE COUNTY MEDICAL SOCIETY

WHEREAS, in the phenomenal development of Blue Shield it has adhered to the purpose stated in the Resolution adopted by the House of Delegates of the Indiana State Medical Association on January 27, 1946, and in the original By-Laws of Blue Shield, both of which committed it to the Plan of having on its Board of Directors a widely democratic representation of the entire medical profession; and,

WHEREAS, the size and nature of Blue Shield has made it a large business institution of the kind that, for its own growth, protection, and proper management, requires in the Board of Directors the elements of continuity and experience as well as of responsive, widely democratic representation of the medical profession,

NOW, THEREFORE, BE IT RESOLVED, that the right and privilege of the Medical Association stated in the original Resolution that brought Blue Shield into existence, in its Articles of Incorporation and in its By-Laws, to designate by recommendation and approval the physicians who are to be elected to the Board of Directors and to constitute a majority thereof—should be exercised in such a method as to provide the degree of flexibility, wide representation and continuity of responsibility believed to be best calculated to assure the accomplishment of the purpose of its being; and that such method should be as follows:

1. There should be one representative selected from each Councilor District; and the District itself, through whatever method it chooses, should determine the manner in which its representative shall be chosen, and such manner of choice may be by election in a District meeting, by ballot by mail, by ballot taken at the meetings of County Societies or any other manner which gives a fair opportunity for all members of the profession in the District to express their choice.

2. Each District should have the right to decide what limitations, if any, it may place upon the number of successive terms its Representative Director may serve.

3. In order that there may be representation on the Board of the various specialties in medicine and in general practice, on a basis that will be acceptable and satisfactory to the entire profession, Blue Shield should be requested to send a notice to the Secretary of each County Medical Society, and a copy of such notice to the Executive Secretary of the Indi-



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ana State Medical Association, at least three months before the annual meeting of the members of Blue Shield in which Directors will be elected, which notice should contain the following:

(a) The names of all the physician members of the Board of Directors and the kind of practice, as to whether general or special, and if special, the kind of specialty in which each physician is engaged.

(b) The names of the physicians whose terms of office will expire at the time of the next election meeting of the members of Blue Shield.

(c) A request that each District whose District member's term expires at the next meeting of the members of Blue Shield, designate the District Director recommended by the District for election.

AND BE IT FURTHER RESOLVED, that the Council of the State Medical Association, on behalf of the Association, make recommendations and designations to Blue Shield as to those physician members of the Board of Directors who are not selected as District Representatives; and that Blue Shield be requested to send to each member of the Council a notice regarding the election of Directors in the same form as the notice to be sent to the Secretaries of the County Medical Society, at least 10 days in advance of the last meeting of the Council preceding the date of election of the Blue Shield Directors; and that the Council should decide what limitations, if any, it will place upon the number of successive terms Directors recommended by it may serve.

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

Resolution No. 8 regarding Directors of Blue Shield, printed in the Handbook on page 113, was carefully considered. It is the opinion of the reference committee that it possesses merit and should be adopted. Mr. President, I move the adoption of this portion of the report.

RESOLUTION NO. 11

Subject: AGAINST FEE SCHEDULES

Submitted by: COUNCIL, INDIANAPOLIS MEDICAL SOCIETY

WHEREAS, the establishment of fixed fee schedules is an encroachment on the free enterprise system in this country; and

WHEREAS, such "average" fee schedules rapidly become the maximum schedule after establishment in any community; and

WHEREAS, it would appear that average fee schedules actually would work financial hardship on many people in terms of increased medical costs and increased insurance premiums; and

WHEREAS, there appears to be some doubt in regard to the legality of establishment of fixed fee schedules in terms of possible violation of regulations prohibiting restraint of trade; and

WHEREAS, Indiana is shown in national surveys to be at least a medium or below medium fee area; and

WHEREAS, competition in any community actually already results in establishment of an unwritten fee schedule; and

WHEREAS, a fixed fee schedule will be widely misinterpreted and misunderstood by the public in any community with claims that individual doctors have violated the schedule, didn't tell them in advance that his service would be higher than the schedule; and

WHEREAS, such misunderstandings and misinterpretations would result in worse, not better, public relations for the profession as a whole, and

WHEREAS, establishment of fee schedules will not prevent or head off establishment by labor groups of their own clinics or closed panels but, instead, will be playing directly into the hands of those who would regiment and control the practice of medicine, now

THEREFORE BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association rescind action taken at its 1955 meeting which urges that component county societies work toward effecting the establishment of such schedules; and

BE IT FURTHER RESOLVED, that if this resolution be adopted, all secretaries and presidents of component county societies be advised by direct communication of this action which takes the State Association off the record as urging or favoring establishment of such average or fixed-fee schedules.

Adopted August 7, 1956

Council, Indianapolis Medical Society

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

Resolution No. 11. Against Fee Schedules, printed in the Handbook on page 117, was given much thoughtful consideration and the opinions of delegates from all sections of the state were carefully weighed. The reference committee desires to present the following amended resolution:

Delete paragraph 2 in its entirety.

In paragraph 3, line No. 1, delete the word "average" and substitute therefor the word "fixed."

Paragraph No. 7, line No. 4, following the word "schedule," place in parentheses "(didn't tell them in advance that his service would be higher than the schedule;)"

Paragraph No. 9, line No. 1, insert the word "fixed" before the word "fee."

Delete paragraph No. 11 in its entirety and substitute therefor the following:

AND BE IT FURTHER RESOLVED: That each county medical society may solve the problem of whether or not to adopt a fee schedule as the careful and informed intelligence of the county society decides is best in relation to conditions in their own respective counties.

The reference committee recommends the adoption of this resolution as amended and wishes to state that the amendments were acceptable to representatives of the several county societies who were especially interested in this resolution. Mr. President, I move the adoption of this portion of the report.

RESOLUTION NO. 18

Subject: MUTUAL MEDICAL INSURANCE

Submitted by: SEVENTH DISTRICT MEDICAL SOCIETY

WHEREAS, Mutual Medical Insurance, Inc. (Blue Shield) in the past ten years has performed a momentous task of providing protection against medical costs to more than one-fourth of the people of our State, and

WHEREAS, Acceptance by the public and the physicians evidence proof that the provision of

medical care for all is possible through voluntary efforts rather than compulsory, and

WHEREAS, The plan has understandably had to gain experience before benefits could be expanded, and

WHEREAS, The original intent might have been to provide the public with protection against the unexpected and costly surgical emergencies, and

WHEREAS, The public is now demanding protection against prolonged medical care in hospitals, and there exist discrepancies between present benefits for surgical and medical care,

NOW THEREFORE, BE IT RESOLVED, That this House of Delegates, through appropriate action, convey to the Board of Directors of Blue Shield that immediate steps should be taken to remedy this situation so as to provide more nearly the actual cost of medical care in hospitals, which in many instances is just as catastrophic as a surgical procedure, and

BE IT FURTHER RESOLVED, That all certificates issued by Blue Shield contain such broadened medical coverage.

BE IT FURTHER RESOLVED, That this resolution be presented by the 7th District to the House of Delegates of the Indiana State Medical Association in October, 1956, for their approval.

(Signed) Joseph F. Ferrara, M.D.

Pres. of 7th District

Arthur W. Records, M.D., Secretary

Lester D. Bibler, M.D., Councilor

Adopted September 26, 1956

7th District Meeting.

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted.

Resolution No. 18 on Mutual Medical Insurance. Your reference committee wishes to amend this resolution as follows:

In paragraph 6, line No. 3, after the word "situation" delete the remainder of the sentence and substitute therefor the following words, "As soon as extra benefits can be provided that are actuarially sound."

In paragraph 7, line No. 2, add the following words, "as soon as practical." Mr. President, I move the adoption of this resolution as amended.

RESOLUTION NO. 20

Subject: STANDARD INSURANCE REPORTING FORM

Submitted by: CASS COUNTY MEDICAL SOCIETY

BE IT RESOLVED, that the Cass County Medical Society hereby petitions the Indiana State Medical Association to effect with all insurance companies a standard reporting form for use by doctors of medicine in obtaining for patients the amounts due them as a result of rendered medical care.

BE IT FURTHER RESOLVED, that a study of the Montana plan be made, and the Indiana Study Committee be named, in order that suggestions may be channeled to them.

Cass County Medical Society

Earl W. Bailey, M.D.

President

L. J. Hillis, M.D.

Delegate

Brice E. Fitzgerald, M.D.

Secretary

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

Resolution No. 20 on Standard Insurance Reporting Forms. The reference committee recognizes the merits of this resolution and sincerely believes that every physician in the nation would welcome such a standard reporting form. However, due to the large number of insurance carriers doing business in Indiana, many of which are incorporated and have headquarters in other states, and due to the multiplicity of forms which they are now using, it is our opinion that this is a problem, the solution of which must come from a national, rather than a state level. We therefore feel that the resolution should not be adopted. It is regretted that a copy of the Montana plan was not appended to the resolution and could not be studied. However, it is recommended that this plan be studied by the special Committee on Insurance and that a report be presented by that committee at the next annual session of the State Medical Association.

RESOLUTION NO. 21

Subject: MEDICAL REPRESENTATION AT LABOR-MANAGEMENT CONTRACT MEETINGS

Submitted by: ELKHART COUNTY MEDICAL ASSOCIATION

WHEREAS, Health insurance for factory employees is being negotiated with ever increasing frequency on national, industry-wide basis, and

WHEREAS, Management, labor, and insurance underwriters participate in such contract discussions but physicians do not, and

WHEREAS, The only persons capable of providing the medical care being bargained for, are the physicians of the nation, now therefore,

BE IT RESOLVED, That Organized Medicine on a county, state or national level, as it may be involved or concerned, seek to participate actively at such negotiating sessions, and

BE IT FURTHER RESOLVED, That Medicine's representatives to such sessions come from the American Medical Association, or other national Medical group together with physicians on the local level, directly concerned, be consulted with, or included as a part of, the medical representation to the contract negotiating sessions.

BE IT FURTHER RESOLVED, That upon approval of this resolution by the House of Delegates of the Indiana State Medical Association in annual meeting assembled, it shall be brought before the interim meeting of the House of Delegates of the American Medical Association in Seattle, for their approval or rejection.

William Stubbins, M.D., President

Passed by unanimous vote of the Elkhart County Medical Association, October 4, 1956.

REFERENCE COMMITTEE ACTION

DR. G. O. LARSON, chairman, presented the following report, which was adopted:

Resolution No. 21 on Medical Representation at Labor-Management Contract Meetings. Because of the growing importance of the matter covered by this resolution the committee does not feel that it

should be acted upon until after further study has been given to it. The committee therefore recommends that this resolution be referred to the standing Committee on Public Relations with instructions to that committee to report at the next annual meeting of this Association. Mr. President, I move the adoption of this portion of the report.

Mr. President, I move the adoption of this report as a whole.

MATTERS REFERRED TO REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS

The following matters were referred to the Reference Committee on Miscellaneous Business. All reports will be found on the pages indicated in the October, 1956, Vol. 49, No. 10 JOURNAL of the Indiana State Medical Association. Resolutions introduced before the House and referred to this committee are printed herewith.

Committee on County Medical Society Officers Conference (page 1276)

Committee on Convention Arrangements (No written report)

Committee on Indiana Inter-Professional Health Council (page 1306)

Committee on Military Manpower (page 1318)

Committee on Veterans' Affairs and Rehabilitation (page 1326)

Liaison Committee with Indiana Association of Licensed Nursing Homes (page 1308)

Resolution No. 9. INTRAVENOUS ADMINISTRATION BY NURSES

Resolution No. 10. OPPOSING TECHNICIANS SUBSTITUTING FOR NURSES IN SURGERIES AND DELIVERY ROOMS

REFERENCE COMMITTEE ACTION

DR. WM. HARRY HOWARD, chairman, presented the following report, which was adopted:

Your reference committee accepts the report of the Committee on County Medical Society Officers Conference and commends the committee for its excellent report.

We wish to commend the Committee on Convention Arrangements for such a splendid meeting and agree that starting the meeting on Sunday seems to bring out a greater attendance and meets with the approval of this committee.

The Committee on Indiana Inter-Professional Health Council did not submit a report.

The report of the Committee on Military Manpower was noted and there is no apparent demand for physicians in military service outside of interns and residents who are supplying the present demand.

We agree with the report of the Committee on Veterans' Affairs and Rehabilitation and particularly urge that the recommendation stating that a new list be formulated and revised every six months of physicians willing to participate in care of veterans, be sent to the interested Veterans Administration office. We feel that this will expedite the

matter of keeping the list current, and it can best be done by the headquarters office.

We commend the work of the Liaison Committee with Indiana Association of Licensed Nursing Homes. We agree to the desirability of nursing homes being divided into two classes:

Nursing homes

Boarding homes.

We feel that licensure should be done by the Hospital Licensing Council rather than by two separate agencies.

RESOLUTION NO. 9

Subject: INTRAVENOUS ADMINISTRATION BY NURSES

Submitted by: FORT WAYNE (ALLEN COUNTY) MEDICAL SOCIETY

WHEREAS, it has become accepted practice for registered professional nurses to perform venipunctures and the intravenous administration of fluids and medications; and

WHEREAS, the Attorney General of the State of Indiana holds specifically that the administering of fluids intravenously by nurses is not a violation of the present law and is not illegal; and

WHEREAS, such treatment has become an important part of medical care and would become an essential part of any civilian defense or disaster program, and it is a time-consuming procedure which could be more economically provided to the patient by nursing personnel in order to permit the medical profession to extend medical services for which the needs are so great; and

WHEREAS, there is need for more competently trained nursing personnel to perform such services; now therefore be it

RESOLVED, that this Society now declares the performance of venipunctures and the intravenous administration of fluids and medications performed under the supervision or direct orders of a physician by a registered professional nurse competently trained in the administration of such treatments to be within the scope, practice, and custom of nursing practice; and be it further

RESOLVED, that this Society recommends to the Indiana State Board of Nursing Registration and Nursing Education that instruction in such technique and treatment be included in the prescribed curriculum of the schools of nursing under the jurisdiction of said Board, and that hospitals and schools be encouraged to make such training available to practicing registered nurses to the end that there may be a substantial increase in the number of nurses qualified to perform such treatment; and be it further

RESOLVED, that this program be accepted only by each hospital on recommendation of its medical staff; and be it further

RESOLVED, that a copy of this resolution be sent to the Indiana State Medical Association for adoption at its next annual meeting to be held on October 15, 16, 17 and 18, 1956, at Indianapolis, Indiana.

Adopted this sixth day of March, 1956.

Fort Wayne (Allen County)

Medical Society

C. H. Warfield, M.D., Secretary

REFERENCE COMMITTEE ACTION

DR. WM. HARRY HOWARD, chairman, presented the following report, which was adopted:

Resolution No. 9—Whereas the Attorney General of the State of Indiana holds specifically that the

administration of fluids intravenously by nurses is not a violation of the present law and is not illegal when done under the direct order of a physician, we feel that the problem voiced in Resolution No. 9 should be determined at the local level. Certain nursing training schools are hesitant to teach venipunctures without the approval of the proper authorities; therefore, we recommend the teaching and use of nurses for venipuncture again be decided at the local level.

RESOLUTION NO. 10

Subject: **OPPOSING TECHNICIANS SUBSTITUTING FOR NURSES IN SURGERIES AND DELIVERY ROOMS**

Submitted by: **MADISON COUNTY MEDICAL SOCIETY**

WHEREAS, it is becoming the tendency for hospitals to have technicians scrub and assist in surgeries and delivery rooms in place of nurses, and

WHEREAS, such technicians are not adequately trained or qualified to assume such responsibilities, and

WHEREAS, such technicians are not familiar with the importance of asepsis and do not realize the necessity of maintaining complete sterile technique during all surgical and obstetrical procedures, due to lack of knowledge of bacteriology, etc., and

WHEREAS, the use of said technicians by hospitals prohibits the student nurse receiving the surgical and obstetrical training to which she is entitled, thus causing dissatisfaction and unrest among the student and registered nurses,

THEREFORE BE IT RESOLVED, that we, the members of the Indiana State Medical Association in regular session assembled this 18th day of October 1956, do hereby unequivocally oppose having hospitals substitute technicians to scrub and assist in surgical and obstetrical procedures in place of student or graduate nurses.

BE IT FURTHER RESOLVED, that a copy of this resolution, if adopted by the Indiana State Medical Association House of Delegates, be forwarded to the American Medical Association, the American Nurses Association and the National League of Nursing, all County Medical Societies, and to the superintendents of all hospitals in the state of Indiana, along with a letter urging them to oppose this unsound practice.

This Resolution was passed by the Madison County Medical Society at its regular meeting, May 21, 1956.

REFERENCE COMMITTEE ACTION

DR. WM. HARRY HOWARD, chairman, presented the following report, which was adopted:

Resolution No. 10—Your committee feels that technicians should never be allowed to supersede nurses, as one of the primary purposes of the hospital is to train nurses. This committee also recognizes that student and graduate nurses are not always available and under such circumstances that the use of technicians in surgery and obstetrics should be determined on the local level.

PROGRESS REPORT FROM THE MEDICAL-LEGAL CODE COMMITTEE

DR. LALL G. MONTGOMERY, chairman, presented the following Interim Report of the activities of the combined committees on a Code of Medical-Legal Matters of the Indiana State Medical Association and the Indiana State Bar Association:

The Committee on a Code of Medical-Legal Matters from the Indiana State Medical Association met with the similar Committee from the Indiana Bar Association on September 19, 1956, at the Student Union Building at the Medical Center, and considered at some length the problems before us.

Before the combined meeting of these committees, all members of both committees had studied carefully a number of Codes on Medical-Legal Matters which have been developed in several other states and localities, as well as correlative material from a number of other sources.

As a result of this meeting it became apparent that our task was not an easy one, nor one which could be accomplished quickly. There were wide areas of complete agreement among the members of the committees, and there were also areas in which discussion must be developed.

It is apparent that there is general agreement in the committees on the basic principles and general outline of a rather extensive "Interprofessional Code" which has been adopted by another state. The members of our committees are now considering the necessary changes and additions that will be needed to adapt this code to the needs of Indiana.

Your Committee and the Committee from the Indiana Bar Association are agreed that the whole problem will need further study before final action can be taken.

It is respectfully suggested that this interim report be accepted in the hope that this committee will be continued in the next year.

The chairman received the report, but inasmuch as it was an interim report, it was not referred to a reference committee.

ELECTION OF OFFICERS

The following officers were elected:

President-elect: M. C. TOPPING, M.D., Terre Haute

Treasurer: OKLA W. SICKS, M.D., Indianapolis

Assistant Treasurer: RICHARD P. GOOD, M.D., Kokomo

AMA delegate to fill unexpired term, ending December 31, 1957, of Alfred Ellison, M.D., South Bend, resigned:

GORDON B. WILDER, M.D., Anderson

AMA alternate delegate to replace Gordon B. Wilder, M.D., formerly an alternate delegate, for the term ending December 31, 1957:

WALTER L. PORTEUS, M.D., Franklin

AMA delegates and alternates for term expiring December 31, 1958:

Delegates:

CLEON A. NAFE, M.D., Indianapolis

E. S. JONES, M.D., Hammond

Alternates:

EARL W. MERICLE, M.D., Indianapolis, alternate for Dr. Nafe

WILLIAM C. WRIGHT, M.D., Fort Wayne, alternate for Dr. Jones

(Please turn to Page 1646)

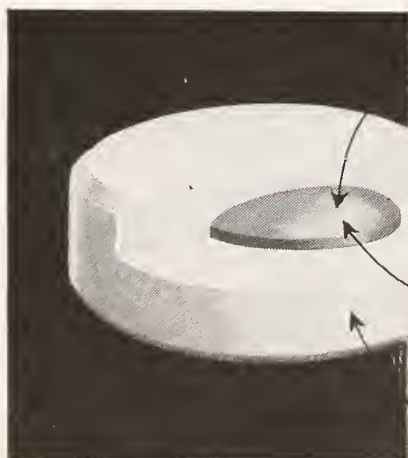
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PREDNISOLONE (1 mg.).

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ANTACID (0.2 Gm.)

*Early rheumatoid arthritis
Rheumatoid spondylitis
Osteoarthritis
Still's disease
Psoriatic arthritis
Bursitis

Synovitis
Tenosynovitis
Myositis
Fibrositis
Neuritis

Performance

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Patients



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ADDRESS OF PRESIDENT-ELECT TOPPING

PRESIDENT-ELECT M. C. TOPPING (Vigo County): Thank you very much. Mr. President, Members of the House of Delegates and Guests: I wish to take this opportunity to very humbly thank you for the honor and the trust that you have imposed in me, and I want to assure you that during the coming year I will do my best to learn under, I am sure, the able tutelage of our President, Doctor Clarke, so that I may be better able to serve you during the following year. Thank you again, very, very much. (Applause)

ADDRESS OF ARTHUR B. PRICE, M.D., Chief Medical Consultant to the Division of Disability Operations, Bureau of Old Age and Survivors, Social Security Administration, will be carried in a future issue of The JOURNAL.

ADDRESS OF LEROY E. BURNEY, M.D., SURGEON GENERAL, USPHS

President Kennedy and Doctor Murray and Fellow Hoosiers and friends: I think any person, particularly in the medical profession, would be very proud of this expression of friendship and I assure you that I am inadequate to express it. I want to say again that it is a pleasure to be back home and this is home and I hope to come back here in the not too distant future and make it home. I do want to say to you that it was extremely gratifying during the time before the appointment was made to know of the support of the Indiana State Medical Association for my appointment and the individual letters—many, many of them came in both to the President and to Secretary Folsom and to many other important individuals relative to my appointment. I want to say I hope that in the years to come in the work that I am doing there, that I can continue to merit the same confidence and understanding that we had when we were working together here in Indiana and that certainly I will do my best to uphold this confidence and respect that you have and this friendship that you have given to me throughout these years. I do find that the job is a rather big one and a varied one.

Since this is a time of political considerations I heard a story the other day that the difference between a statesman and a politician is a statesman makes his bed and has to lie in it and a politician makes his bunk and has to lie out of it. I hope that in my administration of the job of Surgeon General of the Public Health Service, that I can be a statesman and I will consider the bed that I am making first in order that I will be pleased to lie in it.

In a couple of minutes here, Doctor Kennedy, let me just tell you a few elements of the job. We have, as you know, the National Institute of Health which is a tremendous institution out at Bethesda. We have the administration of Indian Health Service program which includes 57 Indian hospitals scattered throughout the far west. We have the Marine Hospital service which includes about 16 hospitals. We have the Coast Medical Care for the Coast Guard. We have the Occupational Health Center in which Jack Jones and some of the others are interested in Cincinnati. The Sanitary Engineer Service, the Robert A. Taft Center, the Communicable Disease Center at Atlanta, Georgia. We have approximately three or four hundred officers of various professional categories on international assignments. We have the administra-

tion of the Hill-Burton Hospital program, which is of interest to this group, and many other programs.

I think you might be interested in knowing that we have actually 22,000 employees in the Public Health Service with a budget of approximately \$532,000,000. About \$200,000,000 of that goes into research grants, so it is not a part of the operating program. It is a big program and it touches on the lives and activities of the medical profession very greatly. That is why I think it is extremely important while I am here in Indiana, as I am sure Doctor Offutt is doing at the present, working with the profession in order to have not only their interest and understanding, but their support and their counsel and advice, in what we are planning to do.

Changes are occurring as we all know in our civilization, our aging population, our industrial economy as contrasted to a rural economy, the great urbanization of population contrasted to the many who lived in the country before, and we have to take all of those changes into consideration. Someone has said there is nothing as permanent as change, even death and taxes are probably no more definite than change, and in our profession and in our activities we must recognize that change, and not wait until it occurs, but give the kind of guidance and understanding which our training and experience fits us to do.

The only thing I would suggest, if it isn't too early in the morning to give a little advice—and I don't think it is needed here particularly—is that the profession, both nationally and on a state level and especially in the community, must provide some leadership and direction to the programs that are established in communities. As I know from past experience in working here with you, that kind of leadership is not a matter of dictating or dominating the community leadership, but it is a matter of giving sound advice and counsel to the community groups so that they will have the benefit of your experience and training in their areas. I think if we don't do that, as we have done in the past, that we will see certain things happen which we will not like to have occur.

I do appreciate very much this morning, the pleasure of being here with you and your very warm expression of friendship. I am looking forward not only to the job for the present, but looking forward to returning home to Indiana.

ADDRESS OF DWIGHT H. MURRAY, PRESIDENT, AMERICAN MEDICAL ASSOCIATION

Doctor Kennedy, Doctor Burney, and Members of the House of Delegates of the Indiana Medical Association, which is just as important to the Indiana Medical Association as the House of Delegates is to the American Medical Association: Many of you are my particular friends whom I have known over the years. It is a great pleasure to be here. As Doctor Burney said, coming back home is very nice and after having been born and bred in Indiana and here for 29 years, I think that Indiana will never cease to be home to me. I have always been proud of my Hoosier heritage, whether in the United States or whether outside of our country, and nobody has ever been able to tell me that it wasn't a good heritage.

I want to commend the Indiana State Medical Association for many things that you have done. First of all we have never in the AMA been in difficulties with the Indiana Medical Association. We have found that whenever we have asked or requested anything that we thought would help the program generally, we were able to get cooperation from

Indiana and that, gentlemen, is a source of great satisfaction. You have sent to us a very valuable team of delegates. Your delegates are well-known in the AMA circles also and they have done outstanding work. I particularly want to mention the work that was done by the Stover Committee. I think Wendell Stover will pardon me if I mention his name particularly, but his committee did a fine job and made a great contribution to medicine. True they have just outlined it and just started it and we expect that to carry on.

We are always proud of our Indiana people. Certainly any Hoosier should be proud of Doctor Burney and I am sure he will give us a fine report of himself and fine returns from the very important position that he has.

Now, gentlemen, I want to talk to you this morning. I am afraid I am going to have to mention some things that Doctor Price mentioned, probably on the other side of the coin, but first, I want to tell you a little bit about our World Medical Association that has just met in Havana. I think the things that were discussed there are just as much of importance to us here in Indiana and all over the United States as they are to the people who were present at the discussions. The World Medical Association had its tenth meeting in Havana and, as you may know—and I want to make this point clear—the difference between the World Health Organization and the World Medical Association is that the World Health Organization is made up of governmental institutions; the Departments of Health chiefly from the various countries of the world make up the WHO or the World Health Organization. It is under governmental control and direction. The World Medical Association is made up of Medical Associations from all over the world and only those countries that have recognized Medical Associations are eligible to become members. We are not government controlled or dominated in any way. This is just as free and open as your Indiana Medical Association. In these meetings the problems are discussed that are of particular interest to the doctors of the world.

We have in the World Medical Association, 53 countries representing about 750,000 doctors scattered all over the world all the way from Australia and New Zealand out through Indonesia, China, Japan, and every country but those behind the Iron Curtain. The reason the ones behind the Iron Curtain are not represented is because they do not have Medical Associations. There is no Medical Association in Germany, there is no Medical Association in Czechoslovakia and in many of the countries. When they do have those Medical Associations then they will be recognized.

I am going to mention just a few of the highlights. One of the things that occupied a little attention, was about the Red Cross. In the next war, if there be one—and we hope that there may never be, of course—probably the greater part of the work will be in protecting the civilian population more than in care of the military personnel. In the protection and care of the people in civilian life there comes a question of about how the doctors might be protected under that. That is, would they be permitted the protection of the Red Cross? The Red Cross says no and there is some argument about that. From all over the world they have different ideas about it, but that is one of the things that will have to be worked out later on. Of course at the present time the Red Cross protects the doctor in military service, as you well know. That is one of the things that required a good deal of discussion on what might be done. Of course that will be a question of international law, and what the outcome may be, I do not know.

There is a great deal of emphasis laid on the

importance of our nuclear energy being used for the value of the peaceful pursuits. We should know and should do all we can all over the world to increase the interest in nuclear physics and the atomic energy program and as they may be applied to our civilian and peaceful pursuits.

Great emphasis then was placed on the discussion of Social Security.

The next thing I want to discuss with you particularly, is not to try to answer what has been said to you this morning, but I want to approach a little different view on some of the things than you were given here this morning. 1952 was my first year to be a delegate to the World Medical Association. At that time and every year since, the question of Social Security was discussed; the question of how it applied in different countries and how it was accepted by the medical profession in different countries. At that time there was a great variance of opinion. We found some people off, as we say, in left field, some people in right field, and they were scattered all over the place. The next year there was a little less wide divergence of opinion and discussion about it and less and less and less and this year it was remarkable to note that from all over the world they have very much the same idea about Social Security.

Now, when I talk about Social Security or mention the words, "social security" I am not mentioning it necessarily as it applies in the United States. Social Security in many of the countries of the world means complete socialization of medicine. In other parts of the world social security leads, in their opinion, to the socialization of medicine and they have found that in starting in. Here is the thing that I am worried about and I don't mind saying this to Doctor Price and to anybody else—that these regulations that you put down now we have no assurance whatsoever that they may be the regulations in the next few years to come. We have no assurance that you will in any way follow the advice of the Advisory Committee. We have no assurance that government now or at any time will take the advice of doctors for a long period of time. That is exactly where they got into trouble in other countries of the world.

I want to tell you a little story about Belgium that is, in my mind, most remarkable. In Belgium, as you know, they were occupied by the Germans up to about 1945. I believe that is when the Germans left Belgium the last time. Belgium is a poor country, economically. They have about twice as many doctors in Belgium as you have here in Indiana. They have about 8,500 doctors in Belgium, and about 6,500 belong to the Belgian Medical Association. They started out to try to take care of their people and tried to follow the dictates of the government. At first they were told that the government would accept their advice. Soon they found themselves lacking. Soon they found that the medical care of the people was being directed by civilians, that there was a civilian corps which was directing the medical care. I hope, Doctor Price, that you don't try to do that, with reference to your program, because if you do, it sure as the world is going to fail, in my opinion. That led to the complete dissatisfaction with medical care in the country of Belgium and the medical profession said no, and they were united to the extent that they could say no and mean it. They said, "We will have no part of this," and they stopped medical care in Belgium for only a few hours and finally the Belgian government said, "Formulate your own program," and they formulated the program which is very similar to our voluntary prepaid medical care plan. As I listened to it I almost thought I was sitting back in California listening to the California plan.

Now, gentlemen, why could they do that? They

could do that because they were united, and our profession must be united and it must stay united. We cannot fall off on some tangent about this or about that. That is the reason why they were able to bring into Belgium good medical care. Now the care that they had before was poor, it was very poor. Again, Doctor Price, I hope that you do not try to let a group of lay people try to tell doctors how to practice medicine, nor do I feel that you should accept the advice of lay people in determining whether a man is disabled or whether he is not. That will go a long way toward the medical profession working with you if you desire the assistance of the medical profession, and I presume you do, or you will never in the world succeed.

Now, as to our Social Security and our conditions in the United States: This is a pretty serious time in my opinion. I don't think in my experience in medicine have I ever been so discouraged as I am at the present time with the outlook, except perhaps in 1948. In 1948 there was a certain man elected President of the United States and he had said before being elected President, and he said afterward, that he was determined to socialize the practice of medicine in the United States. Well, such has not been done. Now this extension of Social Security into the field of medical care, to my mind, is just as much socialization as the Congress writing a bill saying, "We will have to do this or have to do that." Now, that has nothing to do with the Social Security of an individual working here and an individual worker who has built up Social Security. That concept of Social Security is quite a different thing than going into the field of medicine. We resisted that and we expect to continue to resist it so far as I know. I don't mean that we are going to try to kick over the traces and not help you as far as we can, but the idea, gentlemen, of Social Security getting into the practice of medicine is just socialization of medicine as clearly as anything can be. When we cannot direct the course of treatment, when we cannot determine what and how our patients are to be cared for, then we have somebody interfering with us, and in this case, it is the government.

The big problem is not only with this Social Security that you speak about, but we are having great difficulty, as Jim Waggener can tell you, about the Medi-Care program. The Medi-Care program, as you know, is that program that is designed for the care of the dependents of the military. That is a very difficult and hard program and you are fortunate here in Indiana to have a man like Jim Waggener and the others working over there helping work out that program. Doctor Howard, from our Chicago office, told me last night he has to be in Washington tomorrow and I believe Jim Waggener has to be there also. Now we are having a lot of difficulty in working out that program and already there is discussion about whether or not there will be attempted coverage of the retired personnel and of all those who have been in the service later on. That is where the trouble comes when the government starts.

Just as you said, Doctor Price, in 1954 it was the freeze, wasn't it? All right. In 1956 what did we get? What are we going to get in 1958, do you suppose? That is where it comes in and so far as I know we are making every effort possible to stem this tide in American medicine.

Now I will tell you what we are planning to do. We feel that we have to take our problem to the public. The people ask for something, they will probably get it. One reason why this Social Security program has been so attractive to the public is because they feel that they are getting something for nothing and it amounts to just that because no man,

if he lives for very long, pays for the amount that he puts into Social Security. That is done very seldom. Of course if a man after he starts to draw Social Security, dies a few minutes afterwards, why then that is a different story. However, we feel that the people must be informed about these things and we feel if we are not going to get a completely socialistic form of government that affects not only doctors but everybody, that we must inform the people about it. We must have help for our program. At our last meeting of our Board of Trustees, three or four weeks ago, after having discussed this for a day and a night, how the best plan of approach would be, we appointed a taskforce group to go into the thing of Social Security. There are four members from the House of Delegates and four members from the Board of Trustees and they are going to explore every means possible of how best to approach this problem, how best to bring it not only before the doctors of the United States, but the people of the United States. We will have a report for the House of Delegates in Seattle, probably not complete by any means because this is a tremendous task. This is a task that will take time. It will take effort, it will take plenty of money, it will take many things in order to inform our public of what this extension of Social Security means to the people of the United States. So, look for a report at that meeting and be ready to assist the House of Delegates in that meeting in something constructive that we may do to help stop this terrible spread of give-away government, shall I say, which it really amounts to. It seems that the candidate that can think of the greatest number of ways to give away money or give away functions of government, is the one who is going to be the most popular and receive the most votes.

I am not at all concerned, sir, about the number of people that you will reject. I am concerned about the number of people that you are going to accept in your program. And I think that the profession in the United States feels the same way about it. It is the tendency, and has been for many years, for the government to give away as much money as could possibly be given away. And that is what we are afraid of.

Well, gentlemen, you probably think from the way I have talked this morning, that I didn't sleep well last night, but in fact I did sleep well, and I feel quite well this morning, but I am just disturbed and the profession of the United States can well be disturbed, and I hope, gentlemen, that we may all be united and get together as we have in the past and resist some of this thing that is approaching and it is not only approaching, but here. It CAN be done by constructive programs, and that I hope we will be able to accomplish at some later time.

I thank you, Mr. President, for the privilege of being here. And, gentlemen, it is always a pleasure to come back home to Indiana. Thank you. (Rising applause)

PLACE OF 1958 ANNUAL CONVENTION

On motion of Drs. Paul Tindall and P. T. Lamey, the invitation extended by Dr. Irvin W. Wilkens on behalf of the Marion County Medical Society, to hold the 1959 annual convention in Indianapolis, was accepted.

RESOLUTION OF IMMUNIZATION AGAINST TETANUS

On motion of Drs. Wendell C. Stover and William Challman, the rules were suspended and the House,

sitting as a committee of the whole, adopted the following resolution:

RESOLUTION IN REGARD TO IMMUNIZATION AGAINST TETANUS

WHEREAS, this age of mechanized homes, farms, industries, and transportation in America, has subjected men, women and children to hazards the world has never faced before; and the appalling statistics regarding accidental injuries, particularly on our highways, have made us keenly aware of our responsibilities to help, to the best of our abilities, to protect the public against the tragic consequences of accidental injuries, and to educate the public as effectively as we can regarding the means through which modern scientific medicine may help ward off the most serious results and reduce the suffering from such injuries,

THEREFORE, BE IT RESOLVED, That the Indiana State Medical Association encourage and will assist in bringing about universal immunization against tetanus, to the end that recovery from accidental injuries whenever and wherever inflicted shall not be complicated and endangered through delay in receiving the benefits of this preventive measure against tetanus nor leave the immunization as an additional source of shock to the patient who may already be in difficulty because of the accidental personal injuries; and,

BE IT FURTHER RESOLVED, That the means and methods through which the purpose of this resolution may be achieved are hereby committed to the Executive Committee and the Council for implementation as to details of the program for bringing about universal immunization against tetanus.

RESOLUTION ON DR. BURNEY

Under suspension of the rules, with the House sitting as a committee of the whole, on motion of Drs. F. R. N. Carter and Kenneth L. Olson, the following resolution, presented by Dr. Carter, was adopted:

WHEREAS, Dr. Lee Burney is a native of the State of Indiana, and

WHEREAS, Doctor Burney has brought great honor and distinction to the State by his activities in the field of Public Health, and

WHEREAS, Doctor Burney was educated in the schools of Indiana, having received his M.D. degree from Indiana University School of Medicine in 1930, and

WHEREAS, Doctor Burney received his license to practice medicine from the State of Indiana in 1930, and

WHEREAS, Doctor Burney served with honor in the Armed Forces of the United States, being an attache of the United States Navy, and

WHEREAS, Doctor Burney is a member of the Indianapolis Medical Society, the Indiana State Medical Association, the American Medical Association, as well as other national organizations, such as the American Public Health Association, the Territorial Health Officers Association, etc., and

WHEREAS, he has served with distinction as Indiana State Health Commissioner throughout the years 1945 to 1954, and

WHEREAS, he has always been a staunch advocate of the principles of organized medicine and has been willing to cooperate with other organized agencies in their administration, and

WHEREAS, Doctor Burney has recently been elevated to the extremely important and responsible position of Surgeon General of the United States Public Health Service;

NOW THEREFORE BE IT RESOLVED, That Doctor Burney has brought great honor to his family and to himself, to his Medical School, to the Indiana State Medical Association, and to the State of Indiana as a whole, and

BE IT FURTHER RESOLVED, That the Indiana State Medical Association respectfully request Indiana University to consider his name in the 1957 selection of the five distinguished alumni who are annually named and announced at commencement time.

RESOLUTION ON CONFERRING HONORARY MEMBERSHIP ON THREE HOOSIER PHYSICIANS

On motion of Drs. Kenneth L. Olson, chairman of the Council, and L. D. Bibler, the rules were suspended, and the House, sitting as a committee of the whole, adopted the following resolution proposed by the Council:

RESOLUTION

WHEREAS, Indiana has been signally honored by our National Association, the A.M.A., in bestowing upon two graduates of Indiana University School of Medicine, the highest award our profession can bestow upon a fellow practitioner, namely, the Presidency, and the Vice-Presidency of the American Medical Association, and

WHEREAS, in 1946 another member of our Association likewise was awarded this high office of leadership, and

WHEREAS, the Council deems it fitting these accomplishments and the devotion to American medicine be recognized, and

WHEREAS, Article 4, Section 5 of the Constitution of the Indiana State Medical Association provides for conferring upon physicians who have rendered highly meritorious service to the medical profession the status of Honorary Membership. NOW

THEREFORE, BE IT RESOLVED, that in accordance with Article 4, Section 5 of our Constitution this House of Delegates, duly assembled this 15th day of October, 1956, do and hereby confers Honorary Membership upon Drs. Roscoe L. Sensenich, of South Bend, President of the A.M.A. in 1946; Dr. Dwight H. Murray, of Napa, California, President of the A.M.A. in 1956—a native and a graduate of Indiana, and Dr. Franklin Smith Crockett, Lafayette, Indiana, Vice-President of A.M.A., 1956, and

BE IT FURTHER RESOLVED, that this House instruct the Executive Secretary to cause to have engraved suitable plaques in keeping with this resolution, and the President be requested to bestow this honor upon these fellow practitioners, presenting the plaques, calling to the attention of all who may see them this honor and that this be done before this convention at the time of the annual banquet on Thursday evening, October 18, 1956.

Mr. President, in behalf of the Council, I so move the adoption of this resolution.

MEDICAL SERVICE TO MILITARY DEPENDENTS

DR. J. E. DUDDING moved "that this House of Delegates hereby authorize President Clarke and Executive Secretary Waggener to sign for the

Association the contract for medical service to the dependents of those in the uniformed services of the country, when the contract is in a form that meets the approval of the Executive Committee." The motion was seconded by Dr. Harry P. Ross, and carried.

REPORT OF COMMITTEE ON NOISE IN INDUSTRY

DR. E. S. JONES: I thought it was a little unfair to this Committee on Noise in Industry if we did not compliment them on one of the finest reports that has come out in the United States today. From the standpoint of value to you fellows in the practice of medicine who do some industrial work on this one matter, this report that they have in here is one of the most valuable things that you can have, and I recommend that you keep this on your desk to help you in this matter of noise. . . . I see reports from practically all over the United States—California and Wisconsin and so forth—and I think this is the outstanding report. I think you ought to compliment Dr. David Brown and his committee for such an excellent job. (Motion made by Dr. J. E. Dudding, seconded by Dr. George Daniels, and carried.)

RESOLUTIONS OF APPRECIATION

The following resolution, presented by Dr. Gordon B. Wilder, was adopted on motion of Dr. Wilder and many delegates:

APPRECIATION OF RETIRING PRESIDENT

BE IT RESOLVED, that this House of Delegates spread on the record of the proceedings of this meeting our appreciation to our retiring President, Walter U. Kennedy, for his devotion and untiring efforts in our behalf during his year as President.

BE IT FURTHER RESOLVED, that we recognize the advancement of our Association under his leadership and the many outstanding accomplishments made in the advancement of our Association under his leadership and the many outstanding accomplishments made in the advancement of the prestige of our profession.

Mr. President, I move the adoption of the resolution.

DR. WM. HARRY HOWARD presented the following two resolutions, which were adopted on motions of Dr. Howard, seconded by many of the delegates:

(1) APPRECIATION OF GENERAL CONVENTION ARRANGEMENTS COMMITTEE, OFFICERS AND MEMBERS OF THE INDIANAPOLIS MEDICAL SOCIETY:

WHEREAS, this 107th Annual Convention of the Indiana State Medical Association has been in the usual tradition of the fine meetings always held in Indianapolis; and

WHEREAS, the quality of the scientific sessions, the programs of entertainment and the multitude of satellite meetings were fully enjoyed and appreciated by the membership; and,

WHEREAS, these arrangements have resulted in a heavy demand of time and effort on the part of the host Medical Society; now

THEREFORE, BE IT RESOLVED, that this House of Delegates in convention assembled does now ex-

tend the official thanks of the Indiana State Medical Association to the General Arrangements Committee, the officers and members of the Indianapolis Medical Society for a job extremely well done.

Mr. President, I move the adoption of this resolution.

(2) APPRECIATION OF PRESS, RADIO AND TELEVISION INDUSTRY

WHEREAS, the reporting and photography of events connected with the 107th Annual Convention of the Indiana State Medical Association have added immeasurably to the success of the meeting; and

WHEREAS, this activity by public information media is appreciated by the members of the medical profession; now

THEREFORE, BE IT RESOLVED, that the official thanks of the House of Delegates be extended to members of the press, radio and television industry for their help in assuring the success of this meeting.

Mr. President, I move the adoption of this resolution.

ADJOURNMENT

The House of Delegates adjourned, sine die, at 11:47 a. m., daylight saving time, Thursday, October 18, 1956.

THE COUNCIL (Indianapolis Session, 1956)

Second Meeting

The Council met for its second meeting immediately following adjournment of the House of Delegates, Thursday morning, October 18, 1956, in the Little Auditorium, Athenaeum, Indianapolis, with Dr. Kenneth L. Olson, chairman, presiding.

Thirteen councilors, five alternate councilors, one retiring councilor, the president, the president-elect, the executive secretary and one association attorney were present.

Dr. Olson thanked all of the councilor members for their excellent cooperation and diligent work during his term of office as chairman of the Council. Then, Dr. Olson announced that he would not be eligible for re-election as chairman of the Council because he would finish his second elected term as councilor of the 13th District in November, 1956. He also had served a portion of an unexpired term before this and felt that, with the changes in the Bylaws limiting the tenure of office to two successive terms, which he stated he had supported, he should retire as councilor at this time.

Elections for 1956-57

1. *Executive Committee Members.* On ballot vote, Drs. James W. Denny, Indianapolis, and E. H. Clauser, Muncie, were re-elected members of the Executive Committee for the ensuing year.

2. *Chairman of the Council.* On ballot vote, Dr. Wemple Dodds of Crawfordsville was elected chairman of the Council for 1956-57.

There being no further business, the meeting was adjourned.

EXECUTIVE COMMITTEE

October 18, 1956

The meeting was called to order at 12:00 noon.

Roll call showed the following present: Elton R. Clarke, M.D.; Wemple Dodds, M.D.; James W.

Denny, M.D.; E. H. Clauser, M.D.; O. W. Sicks, M.D., and James A. Waggener, executive secretary.

By ballot James W. Denny, M.D., was elected chairman of the Executive Committee.

There being no further business, the meeting was adjourned.

News from the County Societies

Boone County Medical Society members attended an evening meeting in Witham Memorial Hospital, Lebanon, November 6. In addition to routine business, the nine members present heard a discussion of the "Use of the Red Cross Blood Bank" presented by Ned C. Boatright.

A business meeting of the **Fountain-Warren County Medical Society** was held October 4 following dinner in the Attica Hotel in Attica. Nine members were present.

On November 1, Dr. and Mrs. Lee J. Maris entertained the society members, their wives and several guests at a dinner meeting in their home in Attica. Special guests were Dr. and Mrs. Fred A. Loop and Dr. and Mrs. James M. McFadden of Lafayette, and Kenneth W. Bush, field secretary for ISMA. The evening was spent socially.

Fulton County Medical Society members held a luncheon meeting in Woodlawn Hospital, Rochester, November 2. Fourteen members, the county health nurse and hospital administrator attended.

Dr. Kenneth Kraning, president, discussed the national Diabetes Detection Week and urged society members to cooperate fully. Posters, automobile stickers and literature were distributed. Dr. Kraning also reported on the recent IAGP Road Show which he attended in Elkhart.

Discussion of several society activities included

an informal report of the cancer clinic held once each month in the county hospital with physicians volunteering time to staff the clinic.

K. W. Bush, ISMA field secretary, attended the meeting.

Albert Stump, Indianapolis attorney, addressed the **Gibson County Medical Society** at a dinner meeting October 11 in the Princeton Country Club. His subject was "Medical Jurisprudence."

Seventy-five persons were present including 12 members, nurses from the area, and a number of special guests.

LaPorte County Medical Society members and members of the Woman's Auxiliary met for dinner October 18 in the Hotel Spaulding, Michigan City. Separate meetings of the two groups were then held.

At the business meeting of the medical society, the 24 members attending discussed fee schedules and several routine matters.

The November meeting was scheduled for November 15 in the Rumley Hotel, LaPorte.

"Head Injuries" were discussed by Dr. J. Theodore Luros, Indianapolis, at a noon meeting of **Lawrence County Medical Society** in Dunn Memorial Hospital, Bedford. Twenty members attended the October 3 meeting and scheduled

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MEMBER AMERICAN HOSPITAL ASSOCIATION.

their next meeting for November 7. A new member, Dr. Robert J. Morrow, Bedford, was present.

October meetings of the **Indianapolis (Marion County) Medical Society** were held on October 9 and 23 in the White Cross Guild auditorium in Methodist Hospital with Dr. Ralph V. Everly presiding.

At the first meeting the guest speaker was Dr. Charles H. Rammelkamp, Jr., of Western Reserve University, who spoke on "Treatment of Rheumatic Fever". He was introduced by Dr. Kenneth G. Kohlstaedt.

The following physicians were elected to membership in the society: Drs. Cyril Taylor, transfer from Columbus, Ohio, Academy of Medicine; Robert O. Bill, transfer from Shawnee County, Kansas, Medical Society; Arthur L. Drew, transfer from Washtenaw, Michigan, Medical Society; Robert L. Witham, transfer from Tippecanoe County Medical Society; Thomas C. Brown, transfer from Harris County, Texas, Medical Society; and Cyril L. Crocker, transfer from the Medical Society of the District of Columbia.

Applications of 16 physicians for membership were received and referred to the Council.

During the general business session, Dr. David Joe Smith urged use by members of the new employability certificate of the Marion County Tuberculosis Association for ex-tuberculous patients, and memorial resolutions were read for Dr. Homer R. McKinstry and Dr. Blan F. Deer. Drs. Roy Lee Smith, John Brayton and Walter F. Kelly served on the McKinstry memorial committee; and Drs. W. A. Fromhold, H. W. Eikenberry and P. G. Dintaman on the Deer committee.

At the meeting on October 23 Dr. Wyland Leadbetter of Harvard University Medical School spoke on "Urologic Malignancy." He was introduced by Dr. Robert Garrett of Indiana University School of Medicine.

Eight applications for membership were received during the business meeting.

A committee composed of Drs. Russell A. Sage, Edwin Dyar and H. T. Moore, presented a resolution memorializing Dr. John M. Whitehead; and a second committee composed of Drs. James W. Denny, Charles Y. Knowles and A. M. Hetherington, presented a similar resolution on the death of Dr. A. A. Hollingsworth.

Announcement was made that the society's television show "Ask Your Doctor" was being resumed on WISH-TV November 8 and that the radio program was presented each Monday evening at 7 on WAJC-FM.

Dr. Paul D. Crimm and the Board of Managers of Boehne Hospital, Evansville, entertained members of the **Vanderburgh County Medical Society** on October 9 at the hospital. There was a large attendance at the dinner meeting.

An unusual film, "Preliminary Observations on the Circulation of a Giraffe", was shown by Dr. Crimm.

During the business meeting, Dr. W. T. Barnhart discussed changes proposed for the group health and accident plan of the society.

Dr. W. L. Daves, president, named the following past presidents to serve as a nominating committee: Drs. L. E. Gaul, chairman, W. O. Denzer, R. L. Kleindorfer, Charles Schneider, and George Willison. Nominations of the committee were to be made at the meeting November 13. Officers will be elected on December 11 at the annual meeting.

**"...THE MERCURIALS
HAVE PROLONGED
THE WORKING PERIOD
AND LIFE SPAN OF
COUNTLESS SUFFERERS
FROM CONGESTIVE
HEART FAILURE...//"**

TABLET

NEOHYDRIN®

*Fishberg, A. M.: Hypertension
and Nephritis, ed. 5, Philadelphia,
Lea & Febiger, 1954, pp. 177-178.

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The JOURNAL

of the

INDIANA STATE MEDICAL ASSOCIATION

DEVOTED TO THE INTERESTS OF THE MEDICAL PROFESSION OF INDIANA

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